

Name
in
Full

Chas. Francis Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County	MARYLAND	
Date of death	1906	Month March	Day 2	Years 93	Months Days
Sex	Race		Colored	Birth-place	md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Mary Adams		
Father's Name	John Adams		Father's Birthplace	md.	
Mother's Maiden Name	Kate Adams		Mother's Birthplace	"	
Name of person giving information	Mary Adams		How related to deceased	wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Gen. Paralysis (61) How long one week
Immediate Synecope How long Two days.

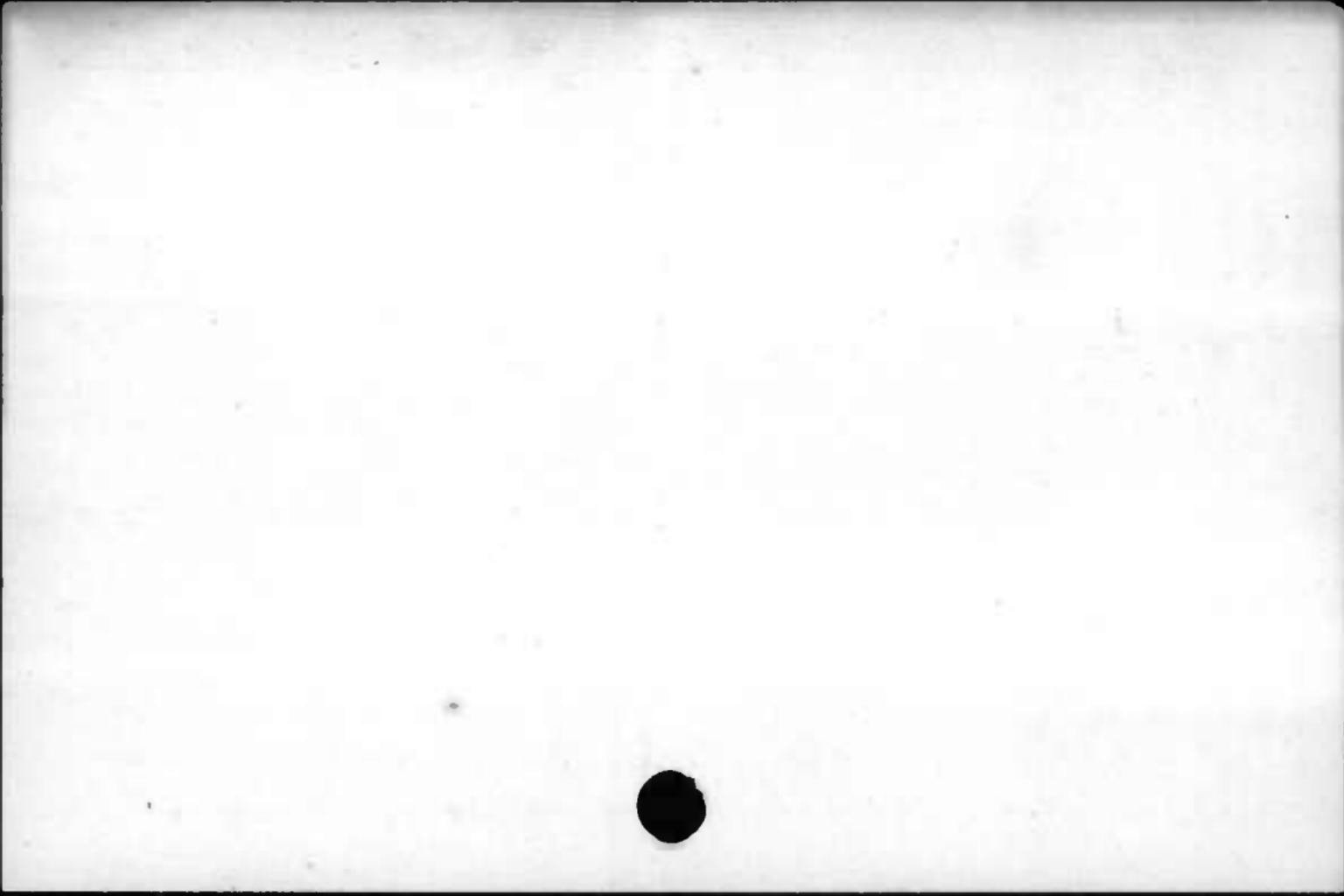
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. G. Brown
Silver Spring
Md.

Accident or Suicide?



Name
in
Full

Margaret Bartlett

CERTIFICATE OF DEATH

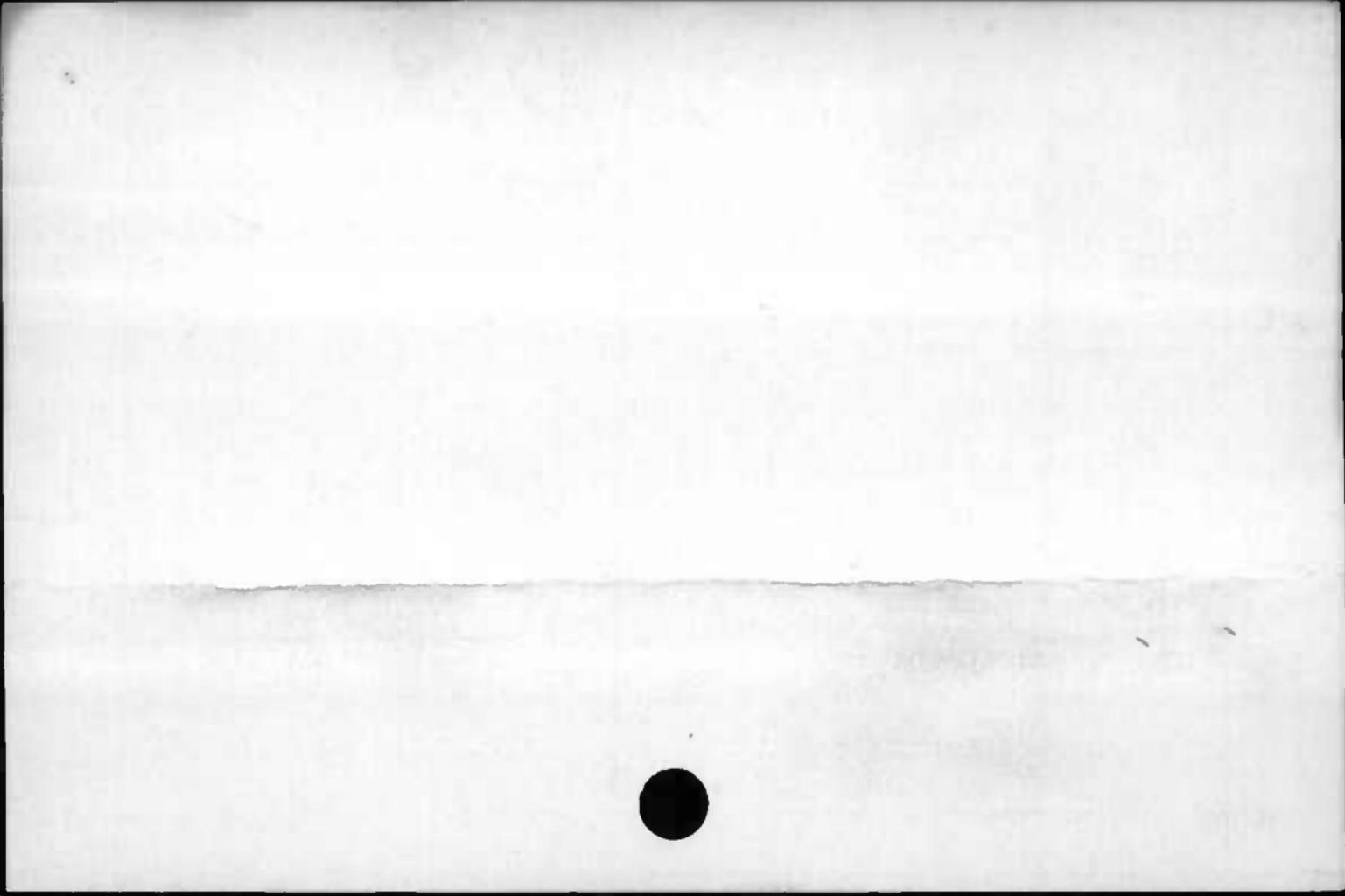
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1906	March	24	Age 70			
Sex	Female	Color or Race	white	Birth-place	Pa	
Occupation	Rept Home for Grandson					
Married, Single or Widowed	Name of Wife or Husband		Thomas Bartlett			
Father's Name	Thomas Burkhay		Father's Birthplace	Pa		
Mother's Maiden Name	—		Mother's Birthplace	Pa		
Name of person giving information	Thomas Ross		How related to deceased	Grand Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia		93	How long	9 days
Immediate	Asthma			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. R. Batten	
			Address	Spencerville Md	
Accident or Suicide?					



Wm Rudolph Beale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town Poolesville.		County Montgomery		MARYLAND		
Date of death 1906	Month March	Day 14.	Age 71	Years	Months	Days
Sex Male	Color or Race	White	Birth- place	Md.		
Occupation Farmer	Where Residing if not at place of death Elijah C. Beale					
Married, Single or Widowed	Name of Wife or Husband		James B. Beale			
Father's Name	James B. Beale		Father's Birthplace		Md	
Mother's Maiden Name	Lavinia Brooks		Mother's Birthplace		Md	
Name of person giving Information	Mrs. Macgouder		How related to deceased		daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Osteo-Sarcoma of hip	How long 2 years
Immediate	How long

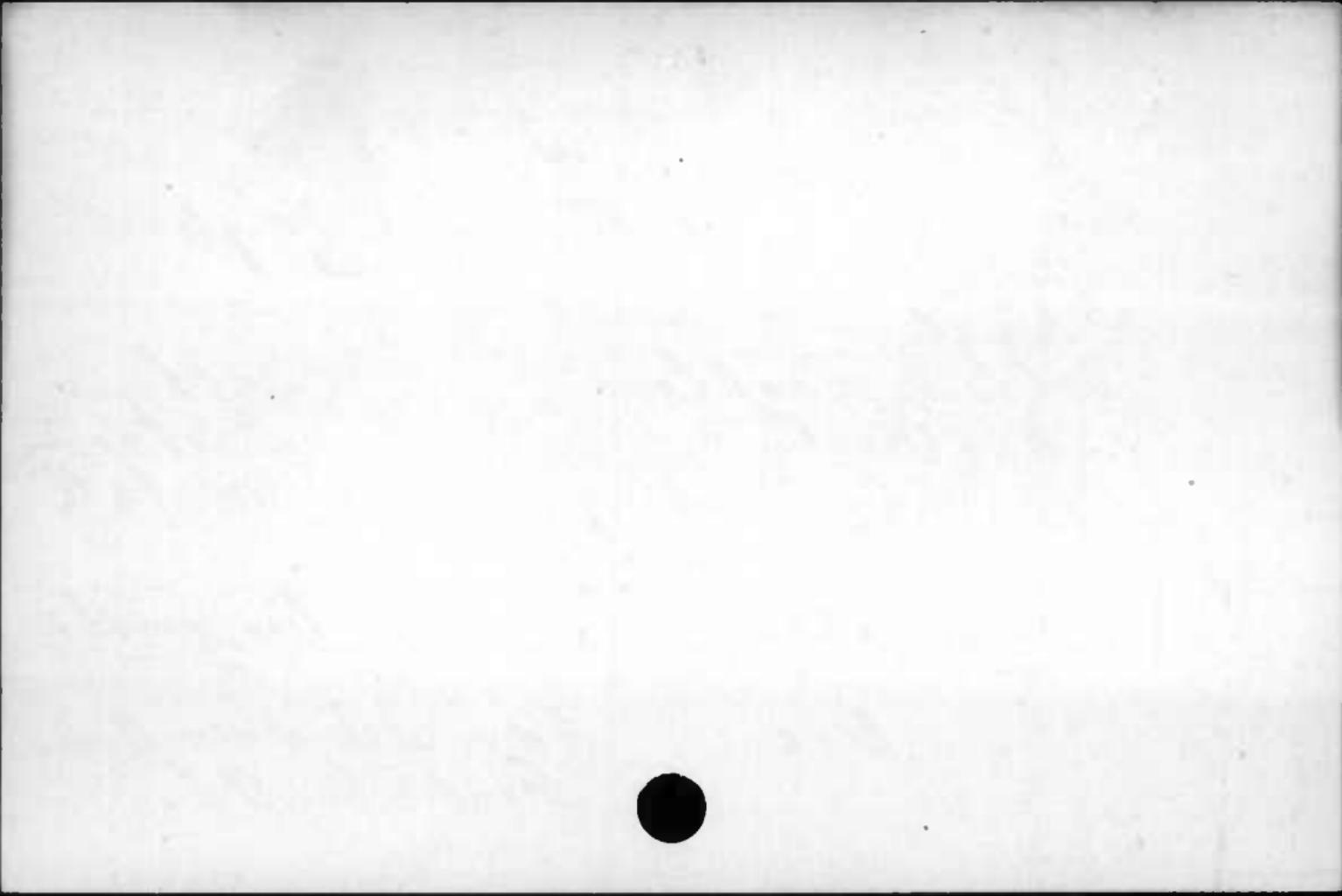
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

R. W. Walling
Poolesville. Md.

Accident or Suicide?



Name
in
Full

Otta Boothe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Potomac</u>		Town	County <u>Montgomery</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>3</u>	Day <u>16</u>	Age <u>—</u>	Years	Months <u>3</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>				
Occupation <u>None</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>John Mc Leachlan</u>	Father's Birthplace <u>Don't know</u>					
Mother's Maiden Name <u>Otta Booth</u>	Mother's Birthplace <u>Don't know</u>					
Name of person giving information <u>Rubien Pumphrey</u>	How related to deceased <u>Not at all</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption

(21)

How long

Two months

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

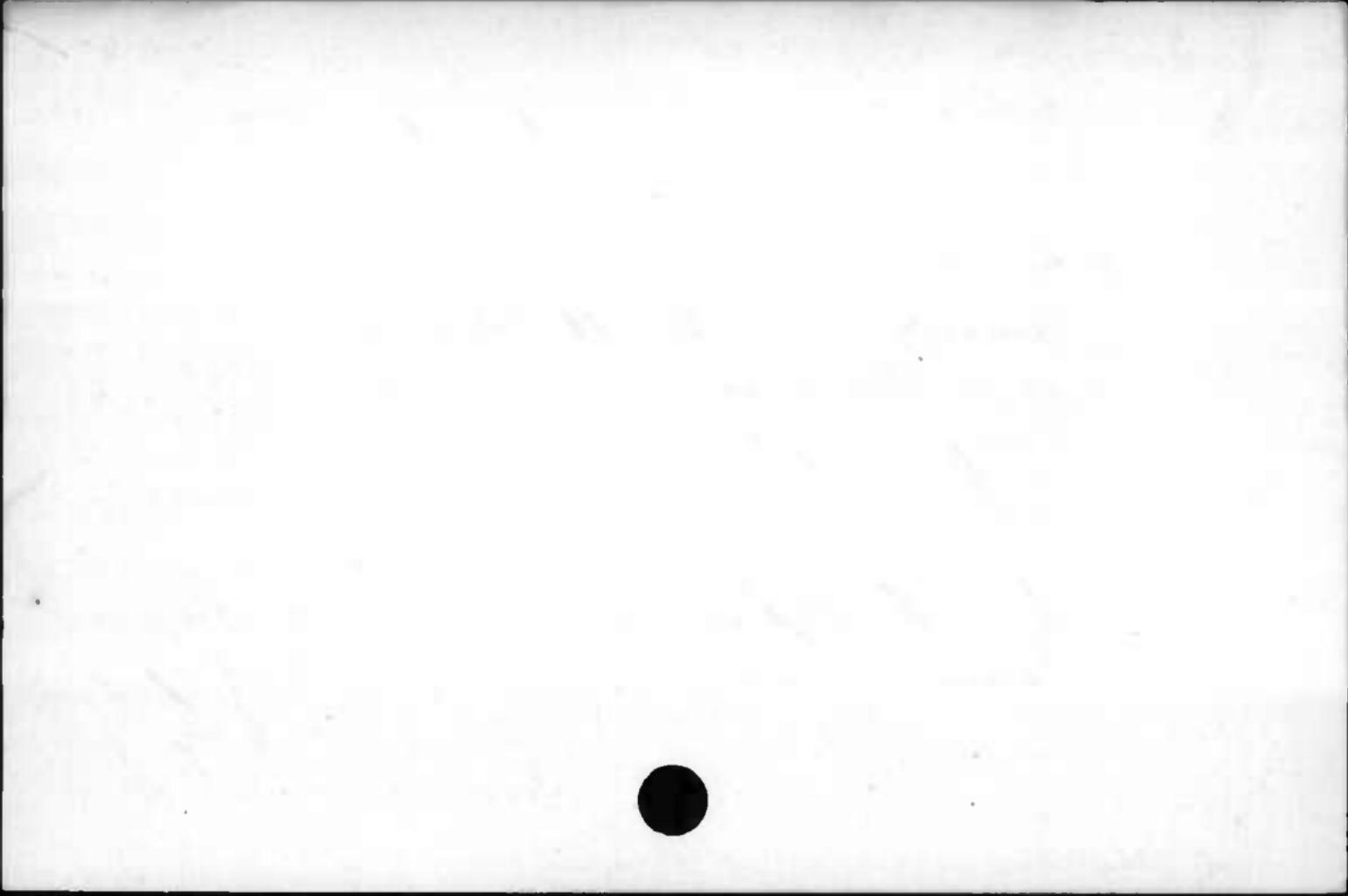
Signature of Physician

Edward Anderson M.D.

Address

Rockville Md.

Accident or Suicide?



Name
in
Full

Sarah Brown

CERTIFICATE OF DEATH

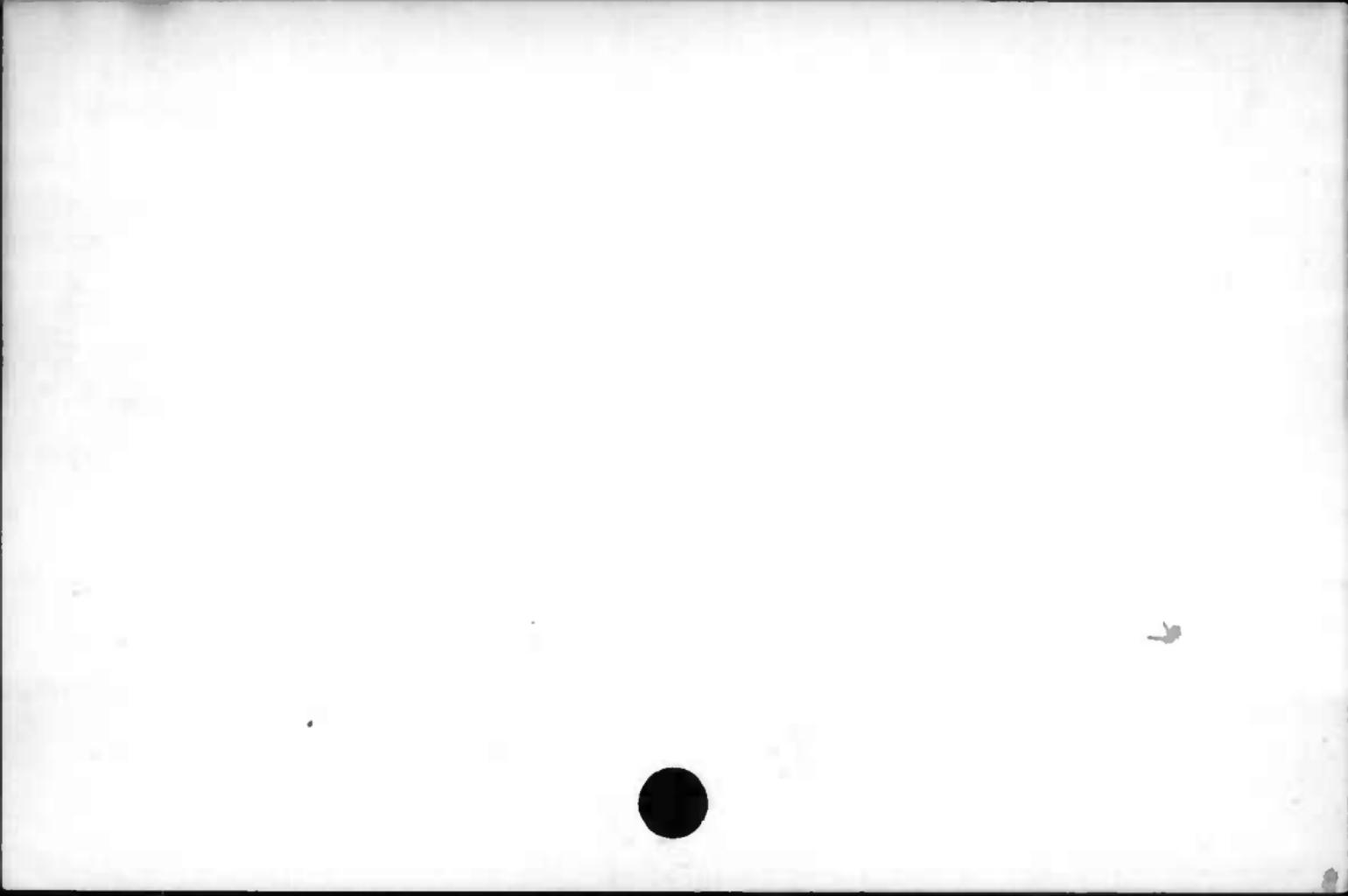
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Bethesda	Montgomery			
Date of death	Month	Day	Year	Months	Days
1906	March	22	60	—	—
Sex	Female	Color or Race	Colored	Birth-place	D.C.
Occupation	at home	Where Residing if not at place of death			—
Married, Single or Widowed	Married	Name of Wife or Husband	Wm H Brown		
Father's Name	George Dorer			Father's Birthplace	D.C.
Mother's Maiden Name	Cay Dorer			Mother's Birthplace	D.C.
Name of person giving information	Wm H Brown			How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	La Grippe	10	How long	5 days
Immediate	Pneumonia		How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Ankay W Ray	
		Address	Flemington Ave	
Accident or Suicide?				

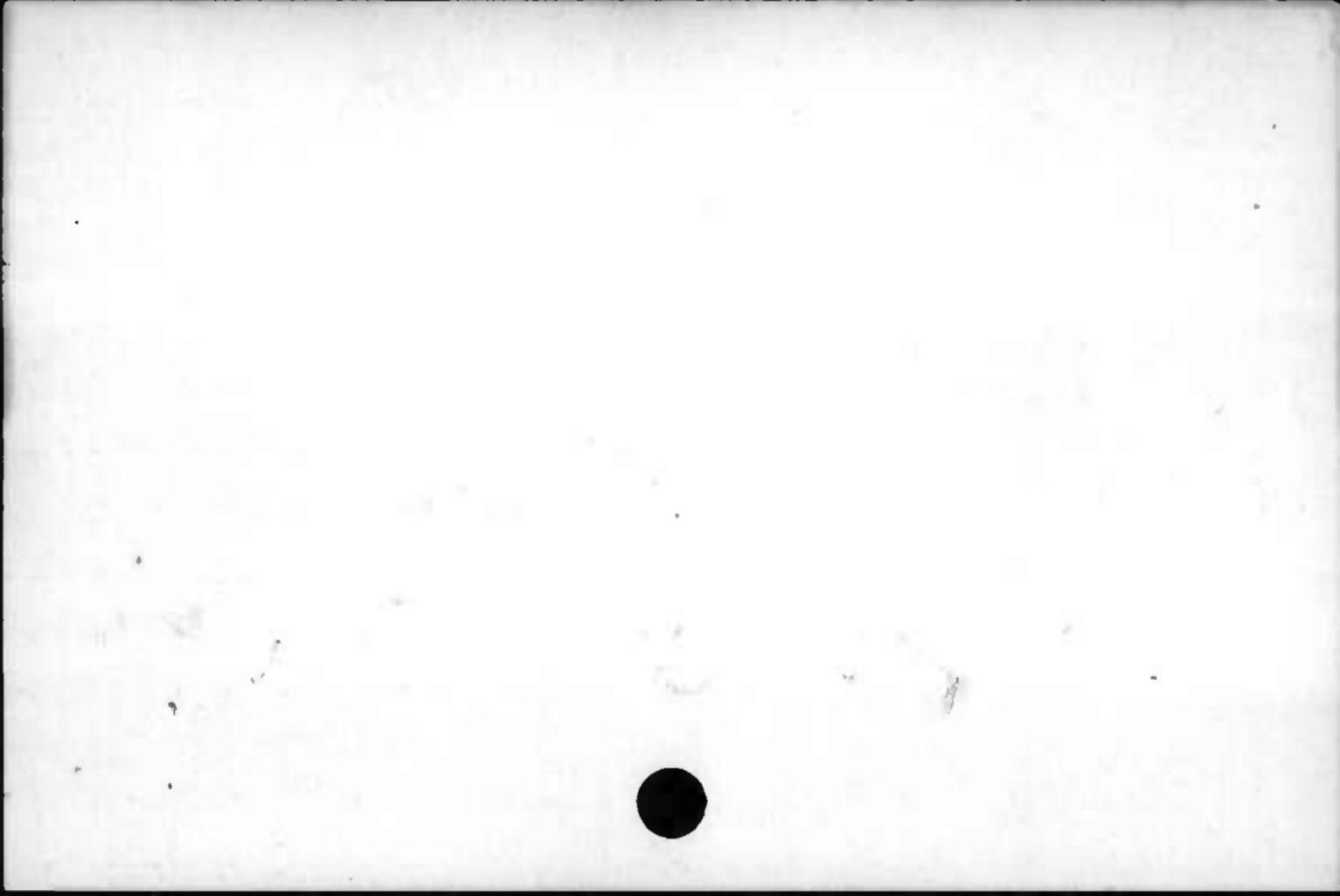


Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH				
Died at <u>Sticksen</u>		Town <u>Chiswell</u>	County <u>Montgomery</u>	
Date of death <u>1904</u>	Month <u>March</u>	Day <u>28</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Age <u>—</u>	Birth-place <u>Sticksen</u>	Days <u>—</u>
Occupation <u></u>	Where Residing if not at place of death <u></u>			
Married, Single or Widowed <u></u>	Name of Wife or Husband <u></u>		Father's Birthplace <u>Maryland</u>	
Father's Name <u>Edward Chiswell</u>	Mother's Birthplace <u>Maryland</u>		Mother's Maiden Name <u>Aaroni North</u>	
Mother's Maiden Name <u></u>	How related to deceased <u>Father</u>		Name of person giving information <u>Edward Chiswell</u>	
CAUSES OF DEATH				
Primary <u>Still Born</u>	How long <u></u>		How long <u></u>	
Immediate <u></u>	How long <u></u>		How long <u></u>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. Stonestreet</u>			
<u>Barnsville</u>	Address <u>Maryland</u>			
Accident or Suicide?				



Name
in
Full

James Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Burnt Mills</u> <small>Town</small>		County <u>Montgomery</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>March</u>	Day <u>8</u>	Years <u>78</u>	Months <u>7</u>	Days <u>0</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Scotland</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>Margaret Clark</u>				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Margaret Clark</u>	Father's Birthplace <u>Scotland</u>			
Father's Name <u>John Clark</u>	Mother's Birthplace <u>"</u>				
Mother's Maiden Name <u>Mary McKenzie</u>	How related to deceased <u>Son</u>				
Name of person giving information <u>James Clark</u>	Cause of Death				

CAUSES OF DEATH

Primary	<u>Inflammatory Rheumatism</u>	How long	<u>8 mos.</u>
Immediate	<u>Paralysis</u>	How long	<u>5 days</u>

Are the name, age, sex, color, date and place correctly given above?

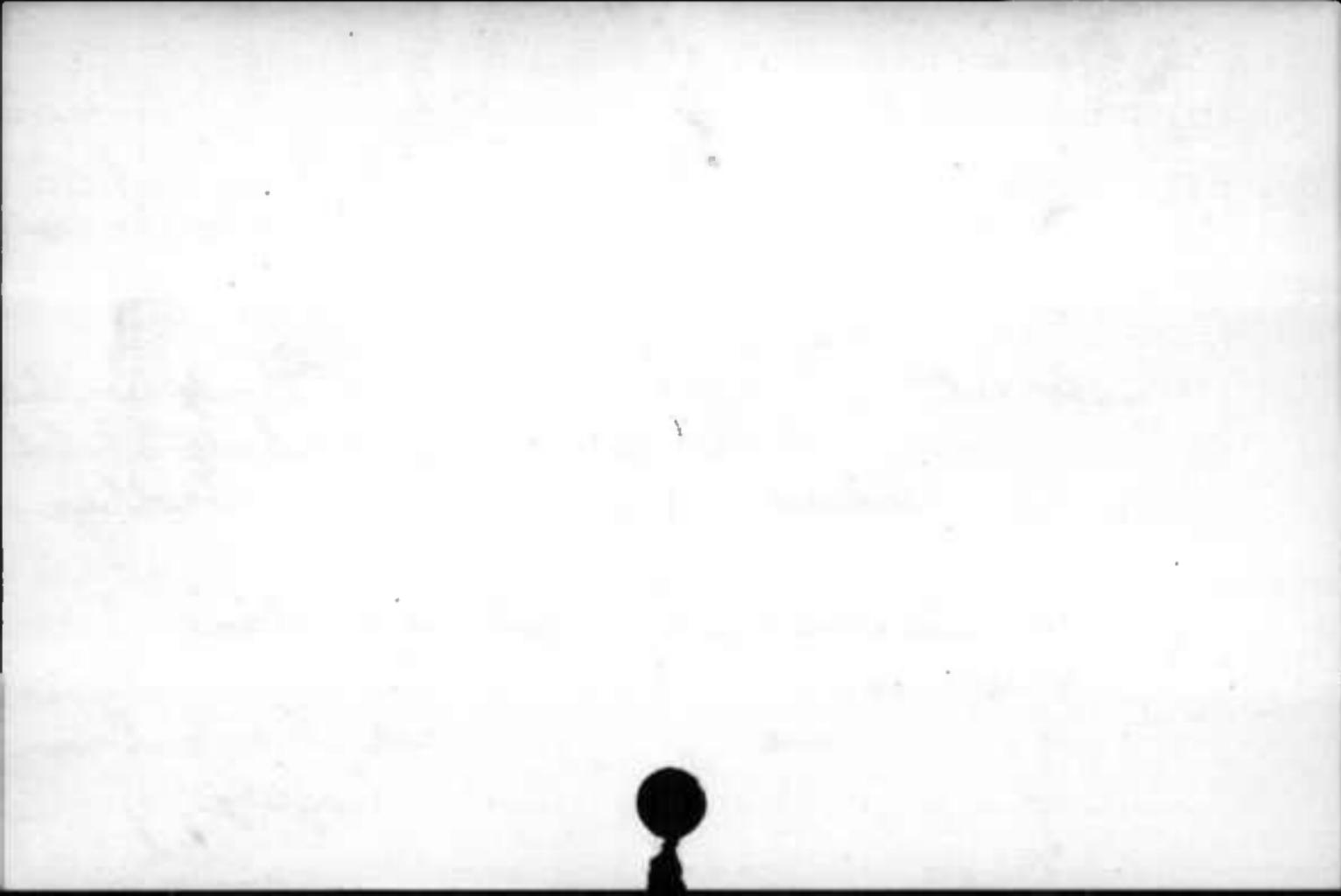
Signature of Physician

Address

Yes

H. J. Brown
Silver Spring

Accident or Suicide?



Name
in
Full

Rosa Leua Doy

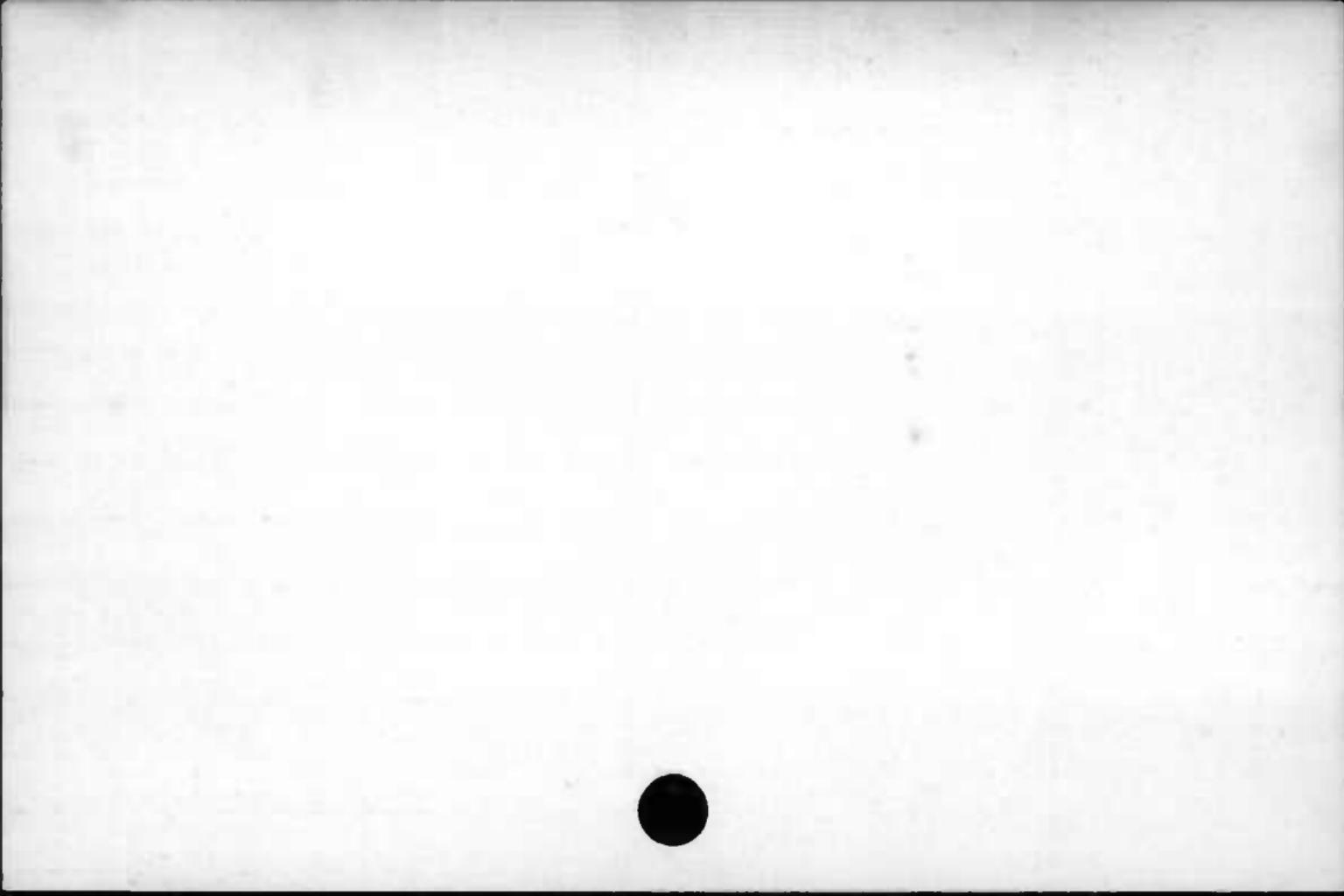
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Norbeck		Montgomery			
Date of death 1906	Month March	Day 4	Years —	Months 3	Days 7	
Sex Female	Color or Race	Colored		Birth-place	Montgo. Co. Md.	
Married, Single or Widowed	Single	Occupation				
Name of Wife or Husband						
Father's Name	Robert	Doy			Father's Birthplace	Montg. Co. Md.
Mother's Maiden Name	Mary Jackson		(S)		Mother's Birthplace	Montg. Co. Md.
Name of person giving Information	Richard Doy				How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pneumonia after being caught 2 days	
	Immediate	Hypertension.	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long
Lee		Lee, Farquhar	How long
		Address	
		Doy, Md.	
Accident or Suicide?			



Died at		Town	Bolesville	County	Montgomery	MARYLAND
Date 19	Month	Day	Y. M. D.	Native of	Occupation	
06	Mar	31	1	Md		
Male	White	Age	Widow	Divorced		
Female	Colored	Married	Widower	Number of children living		
Single						
Husband						
Wife						
Father's Name			Mother's Maiden Name			
Bertha Draper			Bertha Draper			
Cause of Death		Primary	Malnutrition	15	How long sick	
Death		Immediate			Death, Suicide, Homicide	
Reported by		R. S. Goffe, Md				
Address		Bolesville, Md				

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Lillian Garrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Rockville		Town Montgomery County		MARYLAND	
Date of death 1906	Month March	Day 13	Years	Months	Days
Sex female	Color or Race White	Birth-place			
Occupation None	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name C. Ed. Garrett	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

Primary	Tubercular meningitis	(28)	How long	4 weeks
Immediate	Heart failure		How long	3 hrs.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	George E. Lewis, M.D.	
		Address	Rockville, Md.	
Accident or Suicide?				

PHYSICIAN
OR CORONER

Mr. Pennington

Name
in
Full

Wm Brady

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month 6	Day 12	Age 90	Years	Months —
Sex Male	Color or Race White	Birth- place	Days —		
Married, Single or Widowed Married	Occupation Widower				
Name of Wife or Husband					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

⑥4

How long

Immediate

Apoplexy

1 day

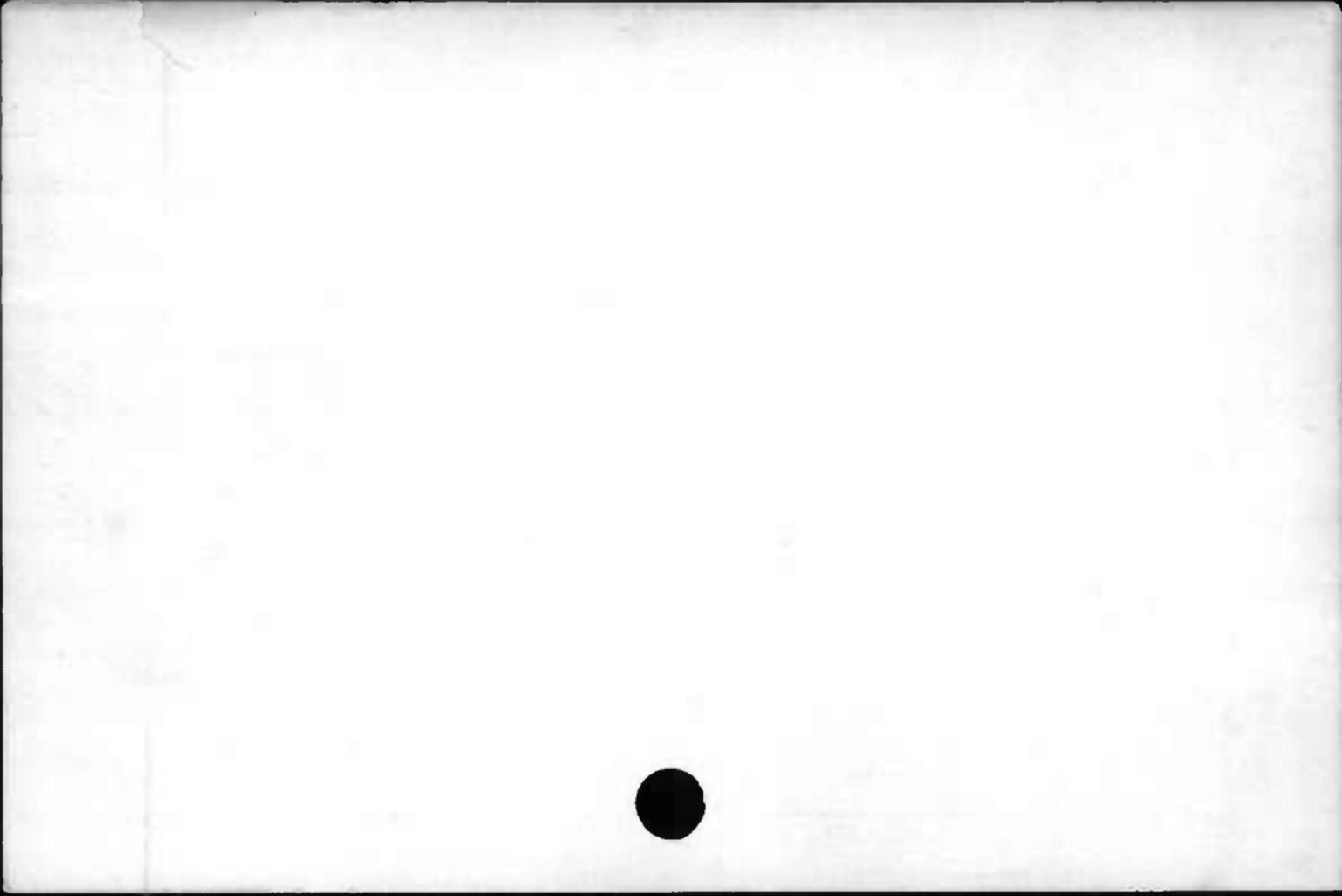
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dr. M. F. Schreiber
Rockville
Md

Accident or Suicide?



Name
in
Full

Mary Green

CERTIFICATE OF DEATH

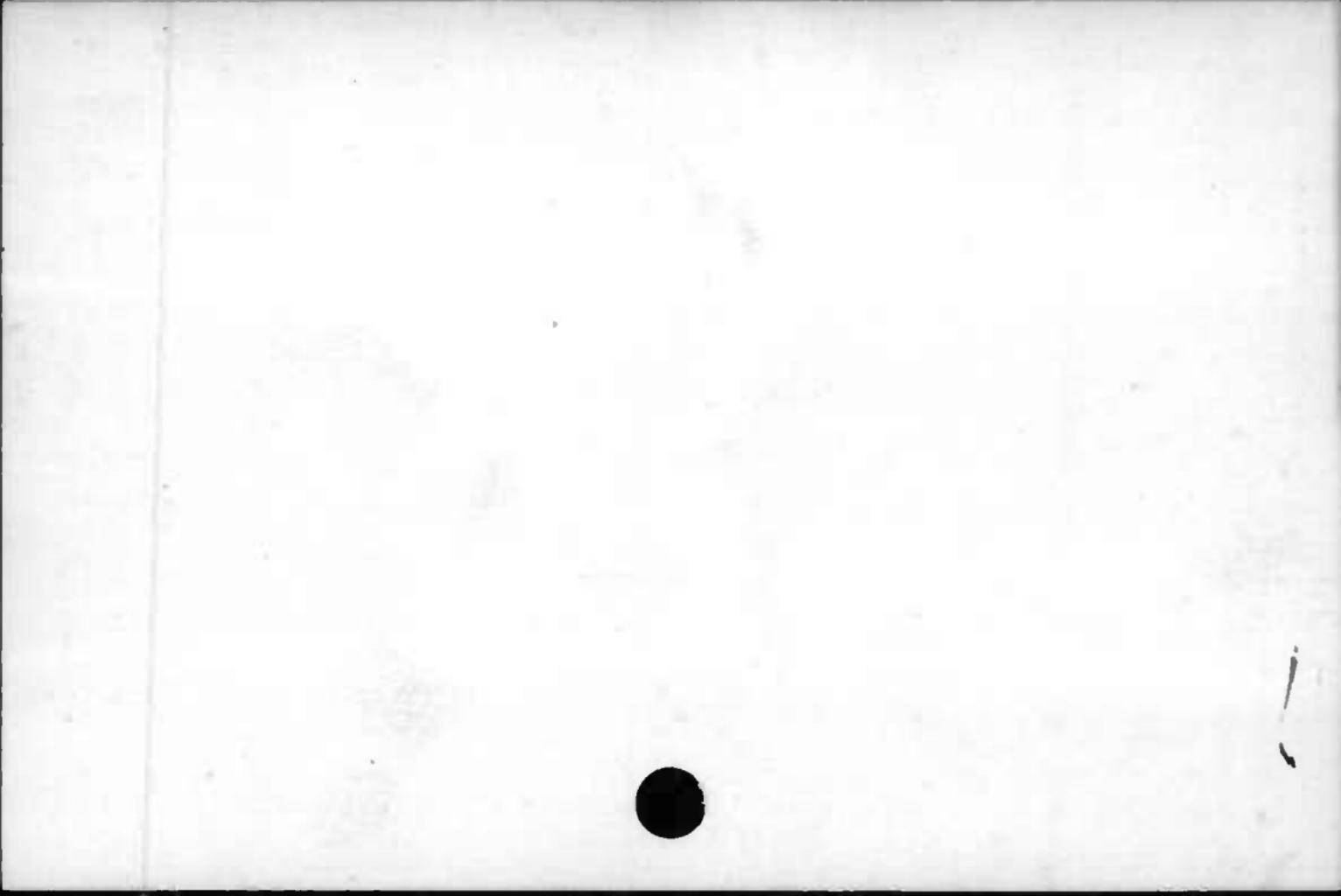
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Buckh Mills		Maryg.				
Date of death	1906	Month	Day	Years	Months	Days
Sex	Female	Color or Race	colored	Age	67	8 6
Occupation	Homemaker		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Pleasant Green			
Father's Name	Jerry Johnson		Father's Birthplace			
Mother's Maiden Name	Clara Johnson		Mother's Birthplace			
Name of person giving information	Bertha Green		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diabetes Mellitus		(50)	How long	About 1 yr.
Immediate	Dysnoea			How long	2 days.
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	H. J. Brown	
Yes			Address	Silver Spring	
Accident or Suicide?					



Name
in
Full

Harkness Hall

CERTIFICATE OF DEATH

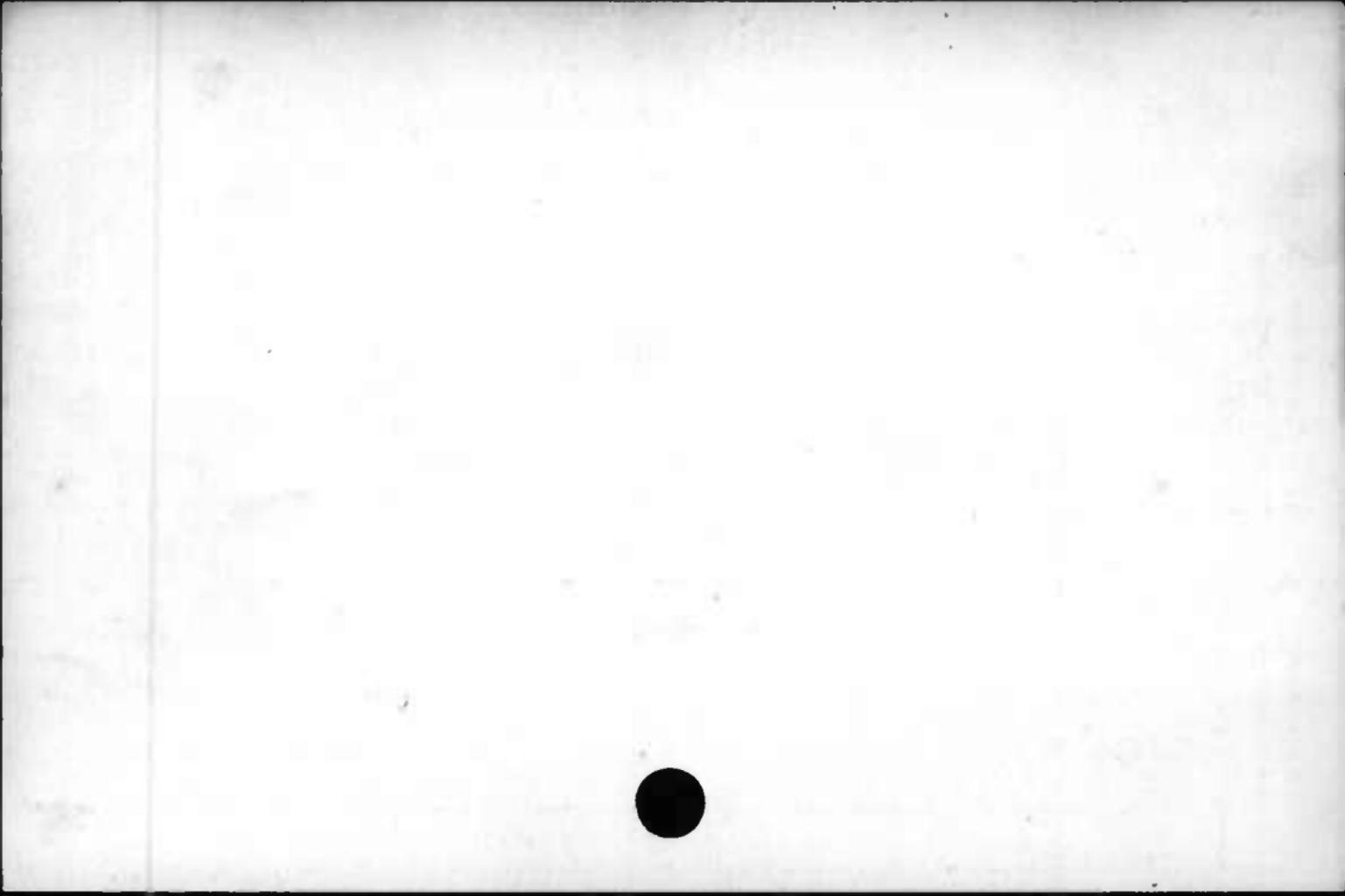
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND			
Date of death 1906	Month March	Day 22	Years 24	Age	Months	Days		
Sex Male	Color or Race Black	Birth-place Maryland						
Married, Single or Widowed Married	Occupation Laborer on farm							
Name of Wife or Husband Not known								
Father's Name Falkenayl Hall	Father's Birthplace Maryland							
Mother's Maiden Name Not known Elizabeth	Mother's Birthplace							
Name of person giving information John Hall	How related to deceased		Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Obstruction of Bowel		How long	Four days	
Immediate	Perforation of Bowel		How long	Two hours	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. H. Stoner, M.D.		
Barnesville		Address	Montgomery Maryland		
Accident or Suicide?					



Name
in
Full

Elie Halleman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Martinsburg		Town Maryland	County Maryland	MARYLAND		
Date of death 1906	Month March	Day 11	Age 59	Years	Months	Days
Sex Male	Color or Race Negro	Birth-place Elmwood Md				
Occupation		Where Residing if not at place of death Martinsburg Md				
Married, Single or Widowed		Name of Wife or Husband		Name of Person giving Information Elie Halleman		
Father's Name Perry Halleman		Mother's Maiden Name Maryary Hill		Father's Birthplace Elmwood Md		
Name of person giving Information				Mother's Birthplace Elmwood Md		
				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia	93	How long One week
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician R. B. Scott M.D.	Address Bolivarville Md
Accident or Suicide?		



Name
in
Full

Leonard Harbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Rockville</u>		Town	County <u>Montgomery</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>3</u>	Day <u>27</u>	Age <u>74</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>	Occupation <u>Laborer</u>		Where Residing if not at place of death <u>—</u>	Birth-place <u>Maryland</u>	
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Jackson</u>	Father's Name <u>Don't Know</u>		Father's Birthplace		
Mother's Maiden Name <u>Don't Know</u>				Mother's Birthplace		
Name of person giving Information <u>Rubben Pumpkrey</u>				How related to deceased	<u>Not at all</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tubular disease

19

How long

Don't know

Immediate

How long

Dropped dead

Are the name, age, sex, color, date and place correctly given above?

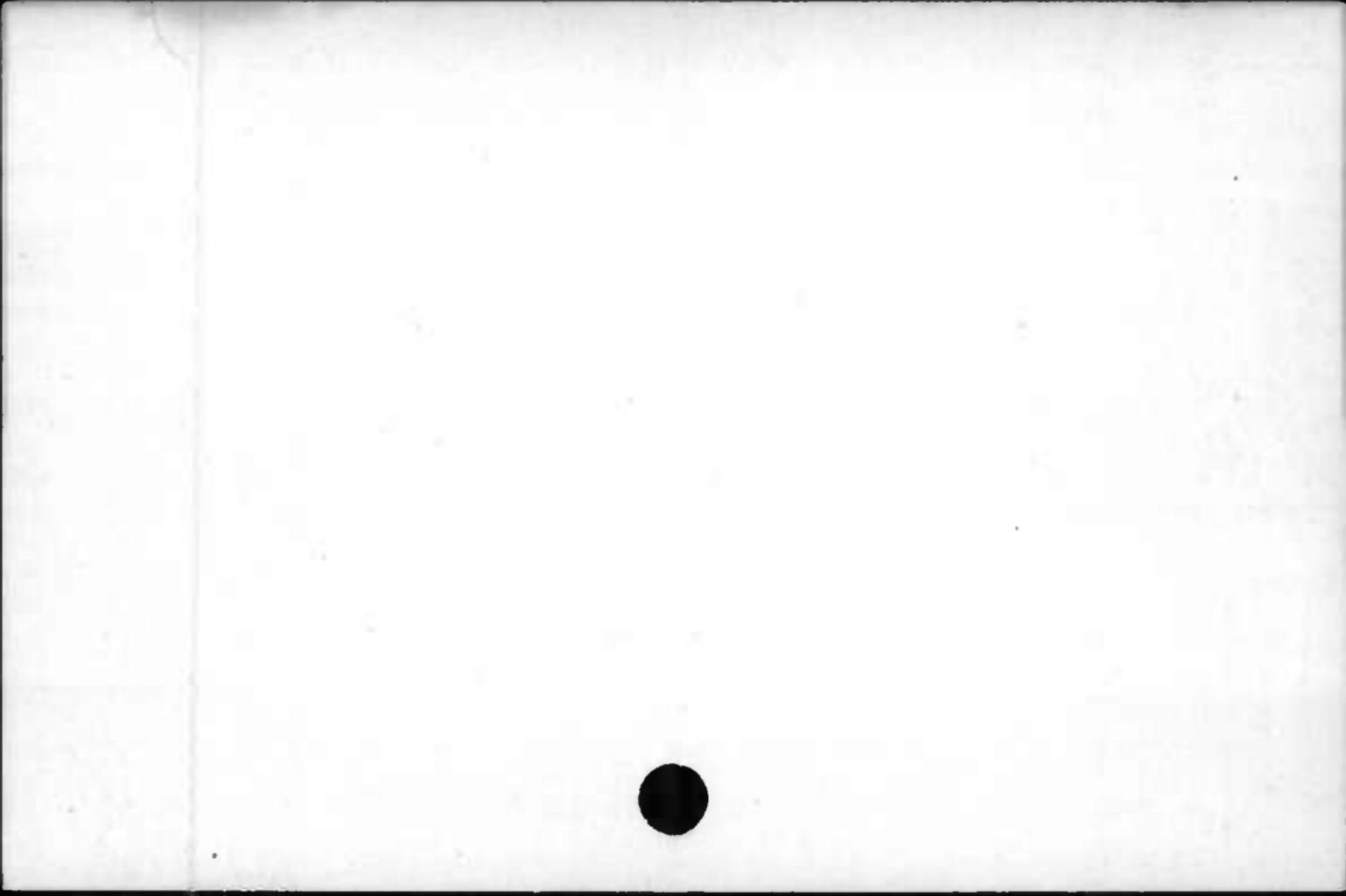
Yes

Signature of Physician

Address

Edward Anderson M.D.
Rockville, Md.

Accident or Suicide?



Name
in
Full

Harper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Beallsville Montgomery

MARYLAND

Date of death 1906 Month March Day 26 Age Years Still-Rose Months Days

Sex Female

Color or Race negro

Birth-place

Bed

Occupation

Where Residing If not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving
Information

Della Harper S.

How related
to deceased

Ind
widow

CAUSES OF DEATH

Primary

How long

Dill Rose S.

How long

Immediate

R. S. Holt - Aut reg
Postlewaite
Md

Signature of
Physician

Address

Are the name, age, sex, color, date
and place correctly given above?

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Susan Higgins

CERTIFICATE OF

MARYLAND

Died at Dawsonville County _____
Town _____
Date of death 1906 Month March Day 13 Years 47
Age 47 Months _____ Days _____

Sex Female Color or Race Negro.

Birth-place Sugar Land.

Occupation

Where Residing if not
at place of death

Housekeeper.

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

Physician

(64)

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral hemorrhage

How long

Immediate

Paralysis

How long

6 hrs.

Are the name, age, sex, color, date
and place correctly given above?

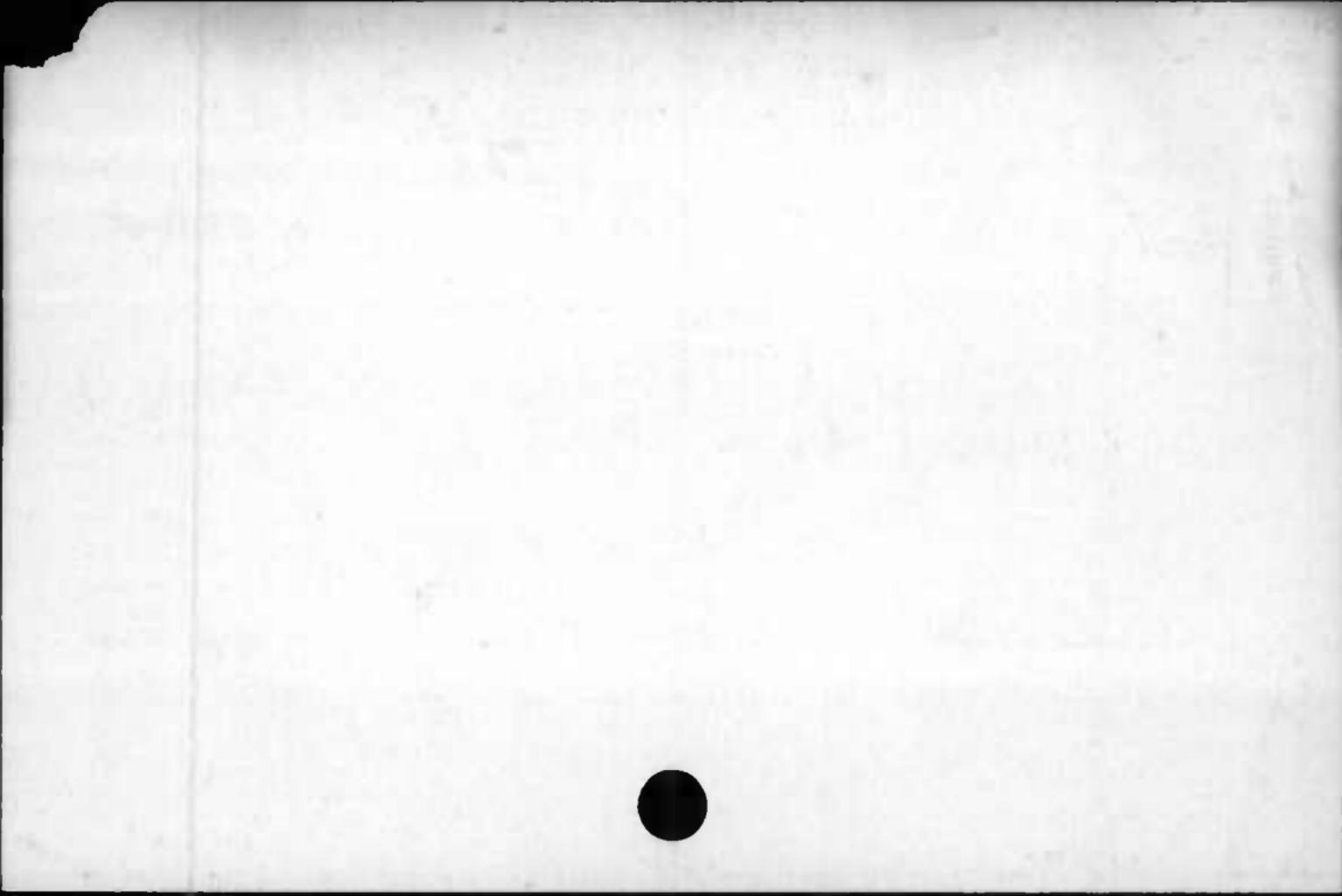
yes

Signature of
Physician

Address

U. D. House
Dawsonville Md.

Accident or Suicide?



Name
In
Full

Ellen Holland

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at	Montgomery			MARYLAND	
Date of death	Month	Day	Years	Months	Days
1906	Mar	18	72		
Sex	Female	Color or Race	Colored	Birth-place	Montgomery Co
Occupation	Where Residing if not at place of death			—	
Married, Single or Widowed	Married	Name of Wife or Husband	Ragan Holland		
Father's Name	Dennis Powell			Father's Birthplace	Howard Co
Mother's Maiden Name	—			Mother's Birthplace	—
Name of person giving information	Lantha E. Shifley			How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer of Stomach

How long

1 year or more

Immediate

General Exhaustion

How long

"

Are the name, age, sex, color, date and place correctly given above?

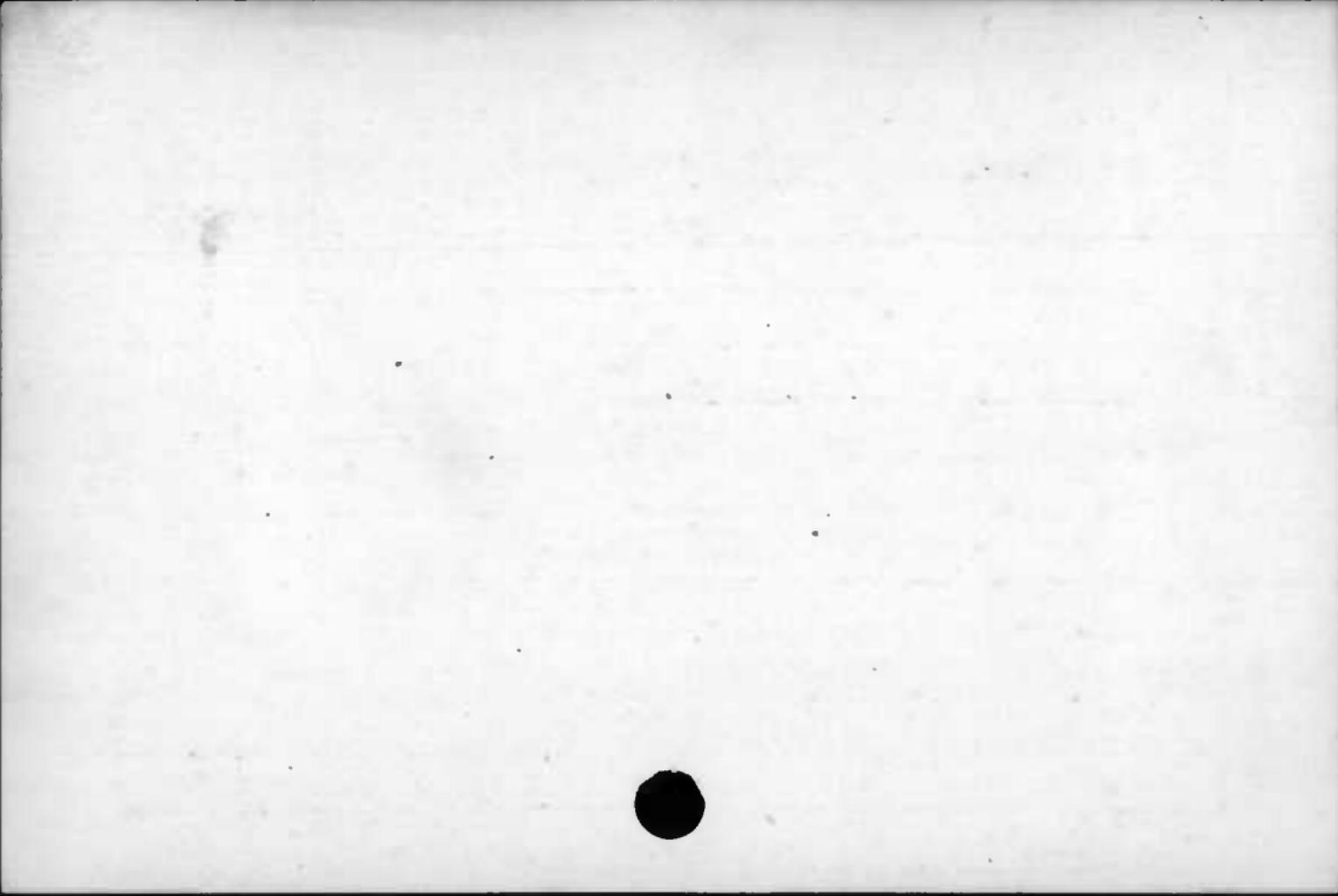
yes

Signature of Physician

W H Deyers

Address

Accident or Suicide?



Name
in
Full

Lavinia Hood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brinklow</u> Town		County <u>Montgomery</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>March</u>	Day <u>16</u>	Years <u>72</u>	Months <u>1</u>	Days <u>.16</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Brooklawn</u>			
Occupation <u>Cook</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife Husband				
Father's Name	<u>Richard Thomas</u>		Father's Birthplace <u>sandy spring</u>		
Mother's Maiden Name	<u>Mary Ann Thomas</u>		Mother's Birthplace <u>Spencerville</u>		
Name of person giving information	<u>Minnie Pugh</u>		How related to deceased <u>Grand-daughter</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Arterio-sclerosis

(61)

How long

Indefinite

Immediate

Softening of Brain

How long

3 months

Are the name, age, sex, color, date and place correctly given above?

Yes

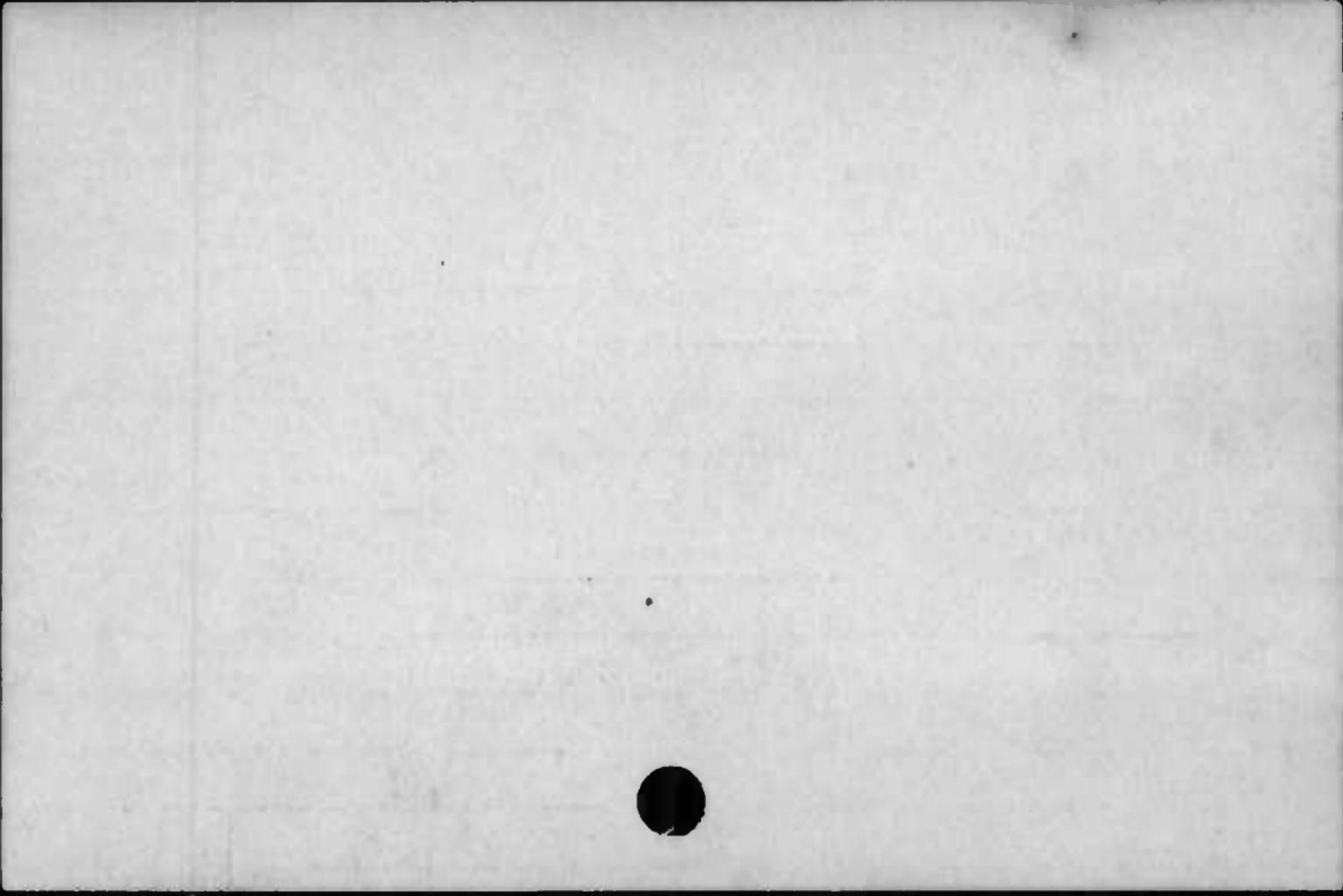
Signature of Physician

Aug. Stabler

Address

Brighton, Md.

Accident or Suicide?



Name
in
Full

Anya A. Huck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1906	Mar	7	20	2	1		
Sex	Female	Color of Race	white	Birth-place	Pa		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Joseph C. Huck					Father's Birthplace	
Mother's Maiden Name	Barbara Samwood					Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

Primary

Myelitis
Exhaustion

63

How long

15 weeks

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

WD Hughes

Address

Washington DC.

Accident or Suicide?

Copy



Name
in
Full

Robert Jeukine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rockville</u>		Town	<u>Montgomery</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>March</u>	Day <u>18</u>	Age <u>2</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Negro</u>	Birth-place <u>Mariemont Md</u>				
Occupation <u>~</u>	Where Residing if not at place of death <u>~</u>					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving Information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Deep cold

(90)

How long

months

Immediate

Are the name, age, sex, color, date and place correctly given above?

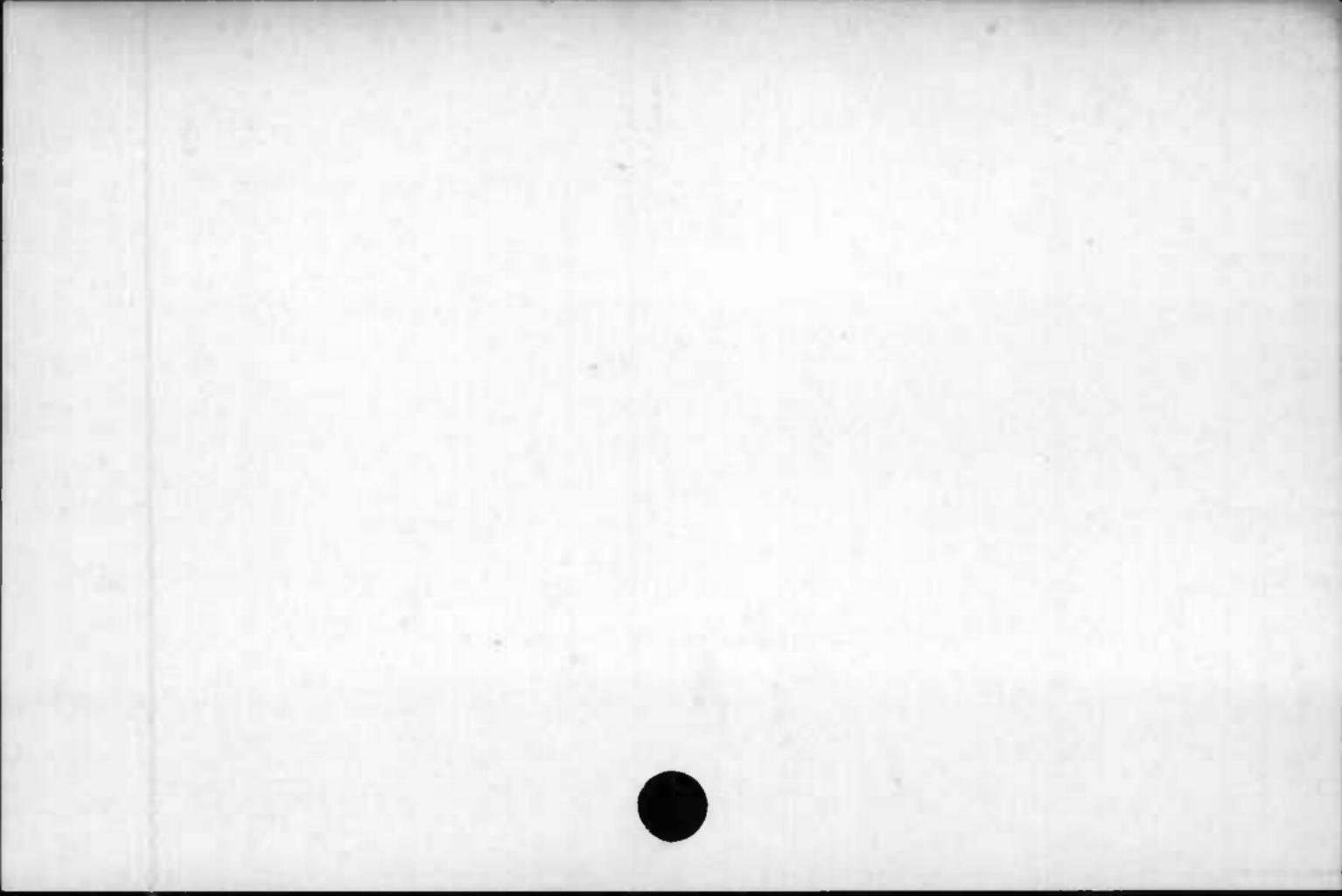
yes

Signature of Physician

Address

Dr. J. L. Cole sub neg
Rockville
Md

Accident or Suicide?



Martin Johnston				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Date of death	1906 Mar	Month	Day	Age	Years	Months
Sex	Male	Color or Race	white	Birth-place	28.	Days
Occupation	Retired	Where Residing if not at place of death			✓	
Married, Single or Widowed	Married	Name of Wife or Husband		Alice Mills.		
Father's Name	Johnston		Father's Birthplace		Md	
Mother's Maiden Name	Don't know		Mother's Birthplace		Md	
Name of person giving information	Alice Mills		How related to deceased		Daughter.	

CAUSES OF DEATH

Primary

Senility

(154)

How long

Immediate

Heart failure

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W. L. Sims
Kensington

Address

Accident or Suicide?

1



Name
in
Full

Eveline Jones

CERTIFICATE OF DEATH

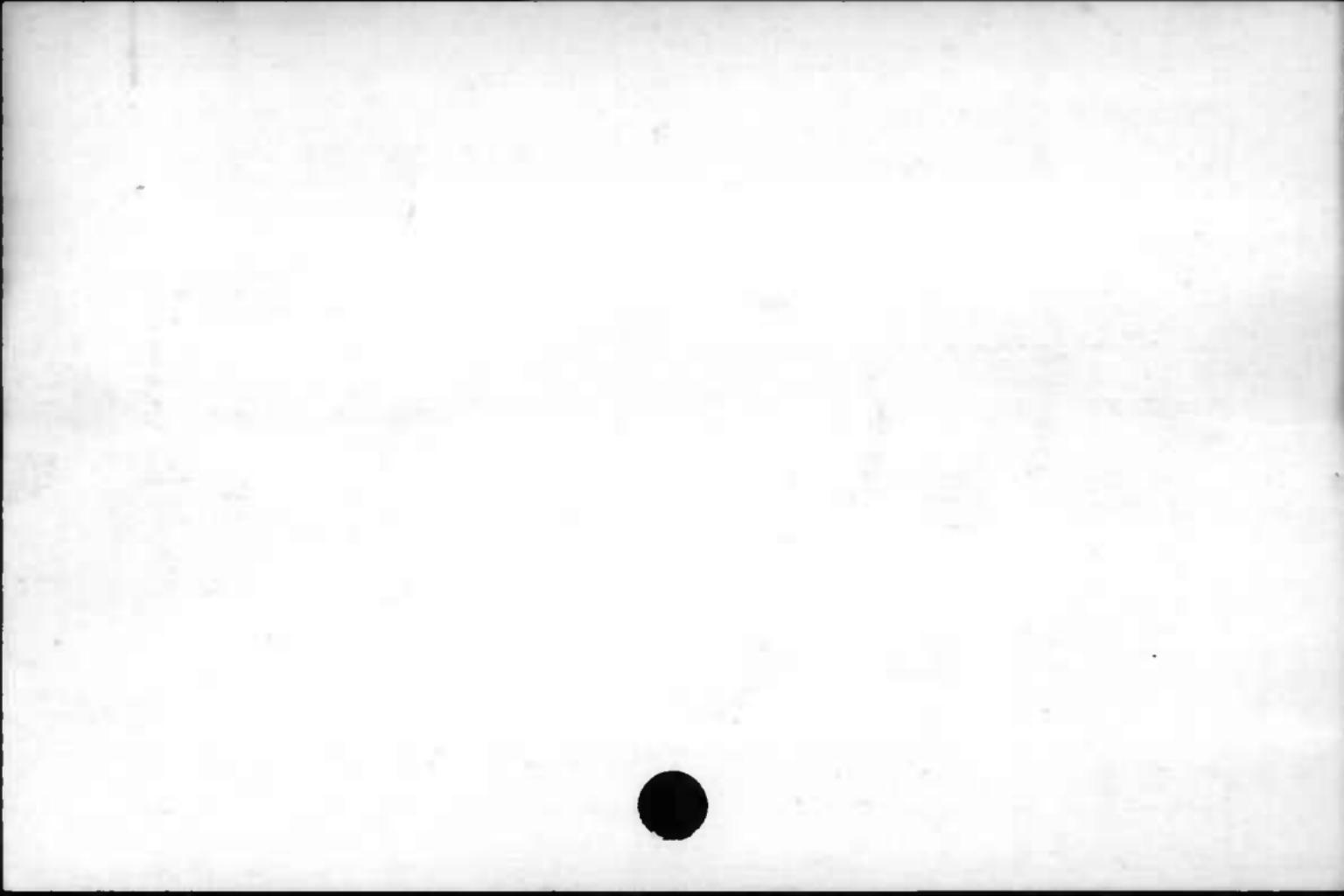
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Name				
Father's Name	Nathan A. Jones		Father's Birthplace			Maryland
Mother's Maiden Name	Eveline. White		Mother's Birthplace			Pa.
Name of person giving information	Hes Jones		How related to deceased			Husband

CAUSES OF DEATH

Primary	Typhoid fever fever	How long	Fifteen days
Immediate	Hemorrhage of bowel	How long	Two days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. Stonestreet
		Address	Barnerville Md
Accident or Suicide?			



Name
in
Full

Evelina Walker Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dickerson's</u>		Town <u>Dickerson's</u>	County <u>Montgomery</u>		MARYLAND	
Date of death	Month <u>1906 March</u>	Day <u>1</u>	Age <u>41</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Dawsonville</u>		
Occupation	Where Residing if not at place of death <u>Dickerson's</u>					
Married, Single or Widowed	Name of Wife or Husband <u>George D Jones</u>					
Father's Name <u>Nathan Allardt</u>			Father's Birthplace <u>Dawsonville</u>			
Mother's Maiden Name <u>Margaret White</u>			Mother's Birthplace <u>Buck Lodge</u>			
Name of person giving information <u>R. J. Jones</u>			How related to deceased <u>no</u>			

CAUSES OF DEATH

Primary <u>Typhoid Fever</u>	<input checked="" type="radio"/>	How long
Immediate	<input type="radio"/>	How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. H. Stonestreet
Barnesville
Md

Address

Accident or Suicide?



Mary Maud Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1906	Mar	5	57	57	11	22	
Sex	Color or Race		white		Birth-place	Pa	
Occupation	Housewife			Where Residing if not at place of death Same			
Married, Single or Widowed	Name of Wife or Husband		O. Parker Jones				
Married	Gusie Dunlin Parman					Father's Birthplace England	
Father's Name	Parker Jones						
Mother's Maiden Name	Mary Ann Rosch			Mother's Birthplace N. S.			
Name of person giving Information	Lotta Jones			How related to deceased Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral Hemorrhage (14) How long
2 weeks

Immediate

Paralysis

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

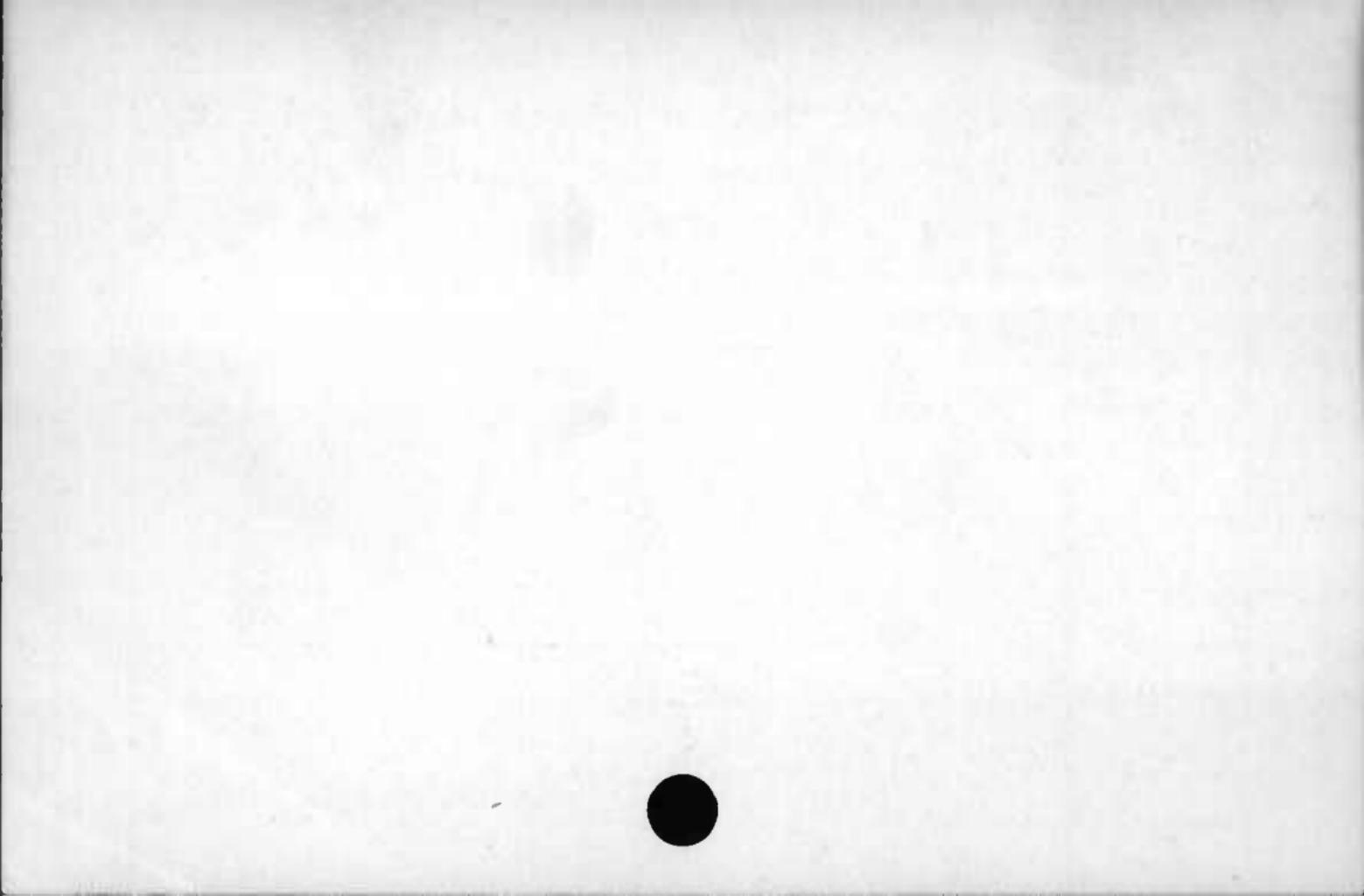
yes

Signature of Physician

Address

W. L. Lewis M.D.
Kensington Md.

Accident or Suicide? no



Richard C. Jones

CERTIFICATE OF DEATH

Died at <u>Near Rockville</u>		Town	County <u>Montgomery</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>3</u>	Day <u>26</u>	Years <u>83</u>	Age <u>83</u>	Months <u>7</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>				
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Exan Jones</u>	Father's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>Neal</u>	Mother's Birthplace <u>Maryland</u>					
Name of person giving information <u>John Ricketts</u>	How related to deceased <u>No relation</u>					

CAUSES OF DEATH

Primary

Influenza

(10)

How long

One month

Immediate

Exhaustion

How long

Two days

Are the name, age, sex, color, date and place correctly given above?

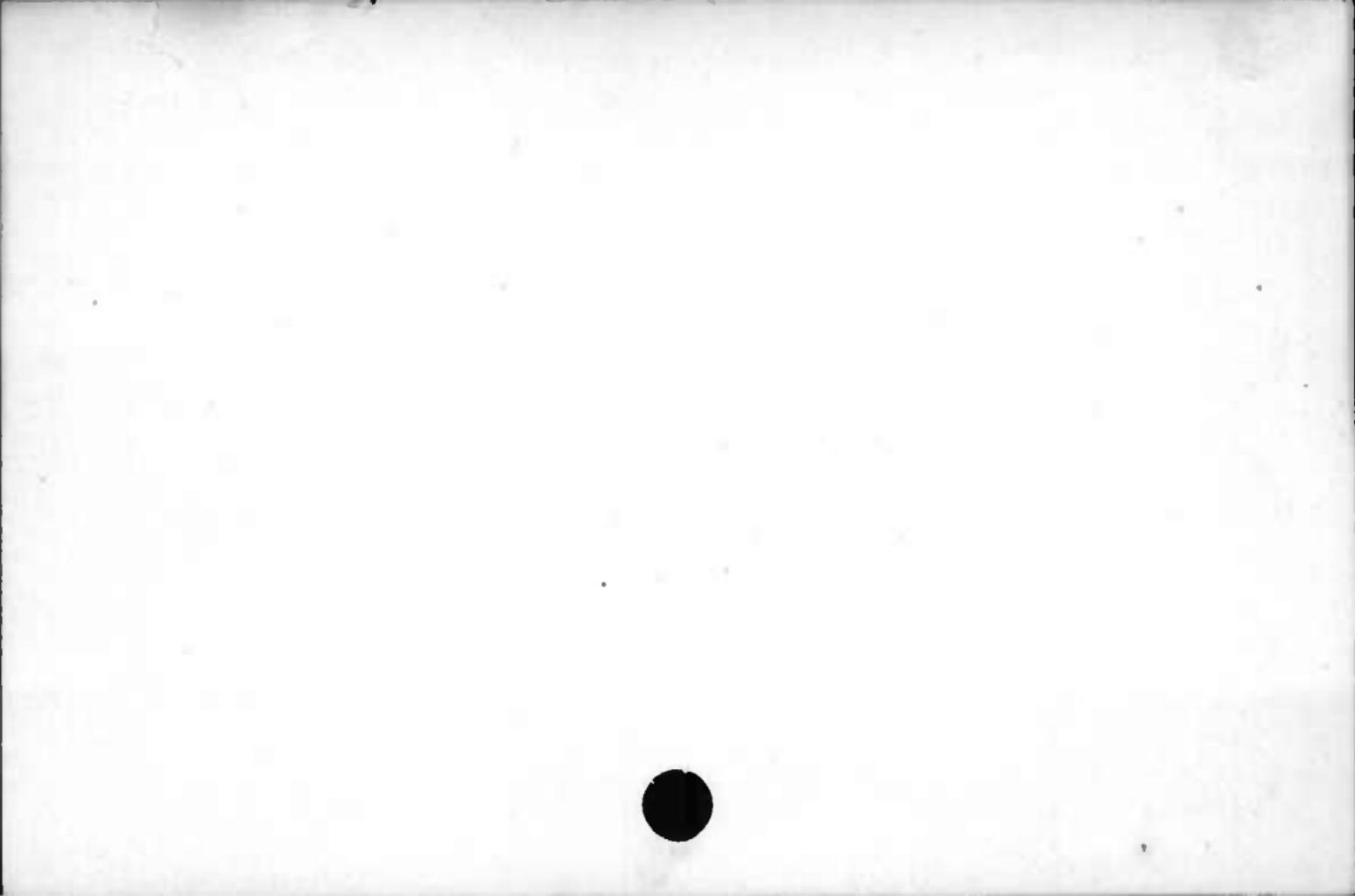
Yes

Signature of Physician

Edward Anderson, M.D.
Rockville, Md.

Address

Accident or Suicide?



Name
in
Full

Nicholas Monrad Larman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Barnsville Town

County Montgomery

MARYLAND

Date of death 1906 Month March Day 28

Age 7 Years 0 Months 0 Days 0

Sex Male

Color or Race

white

Birth-place

Barnsville

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Geo Larman

Father's
Birthplace

Montgomery

Mother's
Maiden Name

Bessie Monrad

Mother's
Birthplace

Name of person giving
Information

Geo Larman

How related
to deceased

Father

CAUSES OF DEATH

Primary

Brain trouble

How long

Congenital

Immediate

Convulsions

How long

"

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

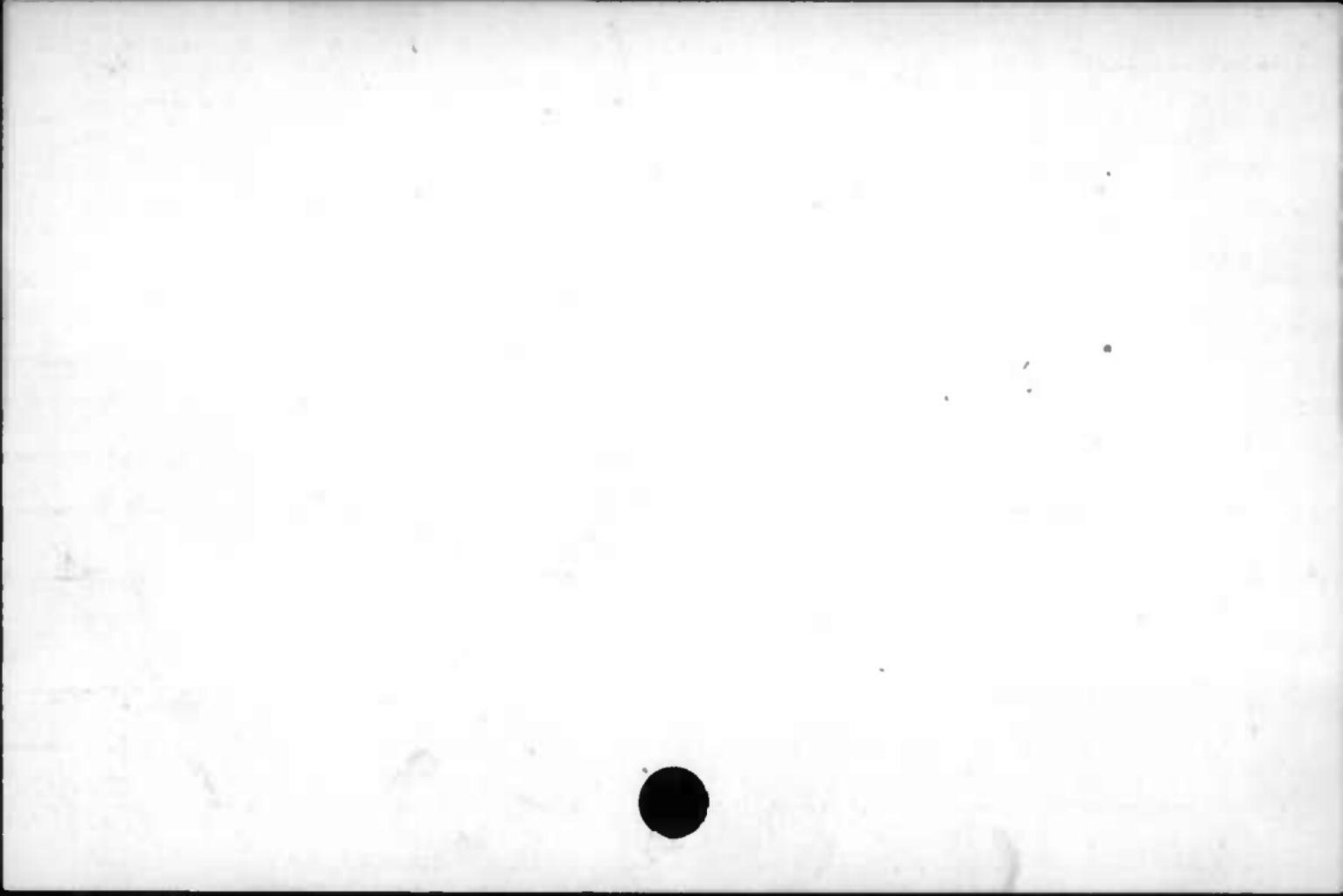
Signature of
Physician

Address

Dr. Stenstruck
Maryland

Barnsville

Accident or Suicide?



Name
in
Full

Monroe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	Mar	14	St	Brown	-	
Sex	Female	Color or Race	white	Birth- place	Forest Glen	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	J. Kee Monroe					
Mother's Maiden Name	Hannah Hiecht					
Name of person giving Information	J. Kee Monroe					
CAUSES OF DEATH						
Primary	Surge Head					How long
Immediate	Forceps delivery					How long

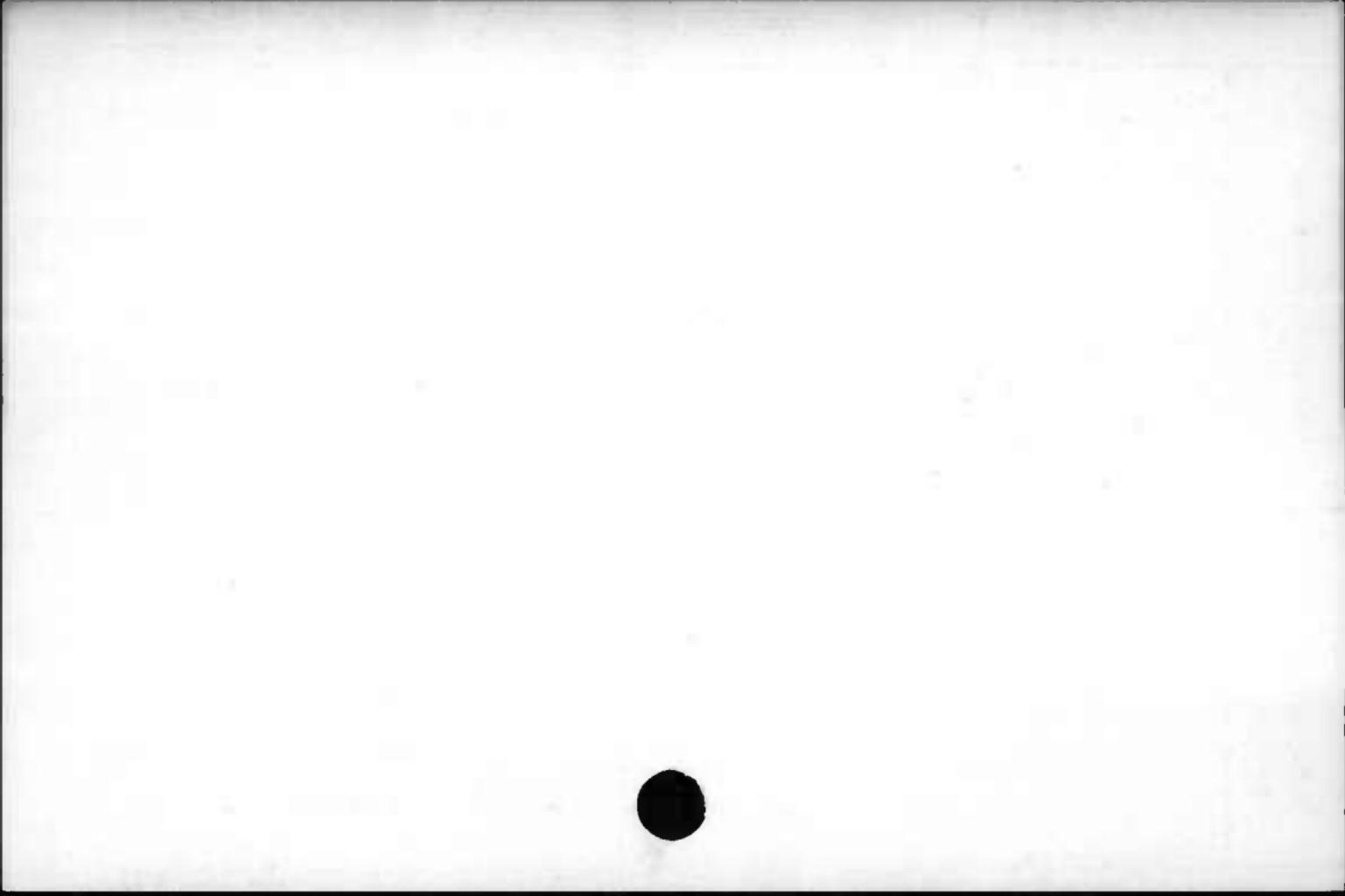
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

W. L. Lewis
Kingsbury.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Joseph T. Moore Jr

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1906	Month	Day	Years	Months	Days
Sex	Male	Color or Race	white american	Birthplace	Flushing Long Isla	
Occupation	Farmer		Where Residing if not at place of death	Sandy Spring		
Married, Single or Widowed	Married	Name or Wife or Husband	Estde Tyson		Name	
Father's Name	Joseph T. Moore		Estde Tyson		Father's Birthplace	
Mother's Maiden Name	Anna Leggett		Estde Tyson		Mother's Birthplace	
Name of person giving information	Joseph T. Moore		Estde Tyson		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

La grippe

(10)

How long

4 weeks

Immediate

Heart failure

How long

Instantaneous

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Roger Brooke

Sandy Spring

Accident or Suicide?



Name
in
Full

Railor

CERTIFICATE OF DEATH

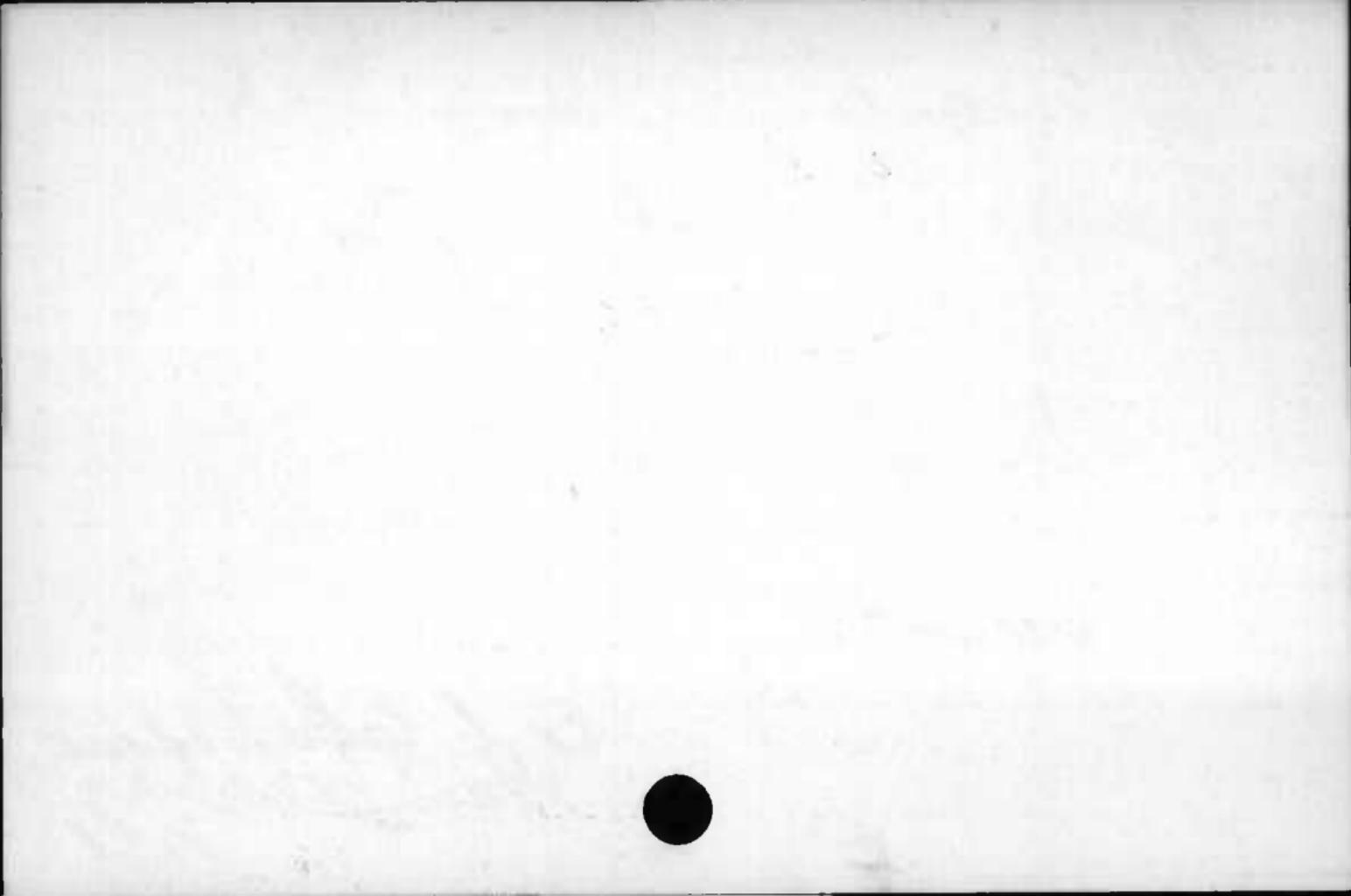
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1906 March		11	Still born				
Sex	Color or Race		Birth-place				
Female	negro		Martinsburg				
Occupation	Where Residing if not at place of death Martinsburg						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Joseph Railor S.		Father's Birthplace		Md		
Mother's Maiden Name	Grace Pierce S.		Mother's Birthplace		Md		
Name of person giving information	Joseph Railor		How related to deceased		Md		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still born S	How long
Immediate	S	How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician A. L. Scott M.D. Reg Address Port Republic Maryland
Accident or Suicide?		



Name
in
Full

Paul Newhams

3/15/11

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1906	3	6	43
Sex	Color or Race	Birth-place	
Male	White		
Occupation	Where Residing if not at place of death		
Farmer	Washington DC		
Married, Single or Widowed	Name of Wife or Husband		
Single			
Father's Name	Father's Birthplace	New York	
John Newhams			
Mother's Maiden Name	Mother's Birthplace	New York	
Hannah Young			
Name of person giving information	How related to deceased	None	
Alex. Wilson			

CAUSES OF DEATH

Primary

Accident

How long

100

Immediate

Fell off train at night

How long

PHYSICIAN
OR CORONER

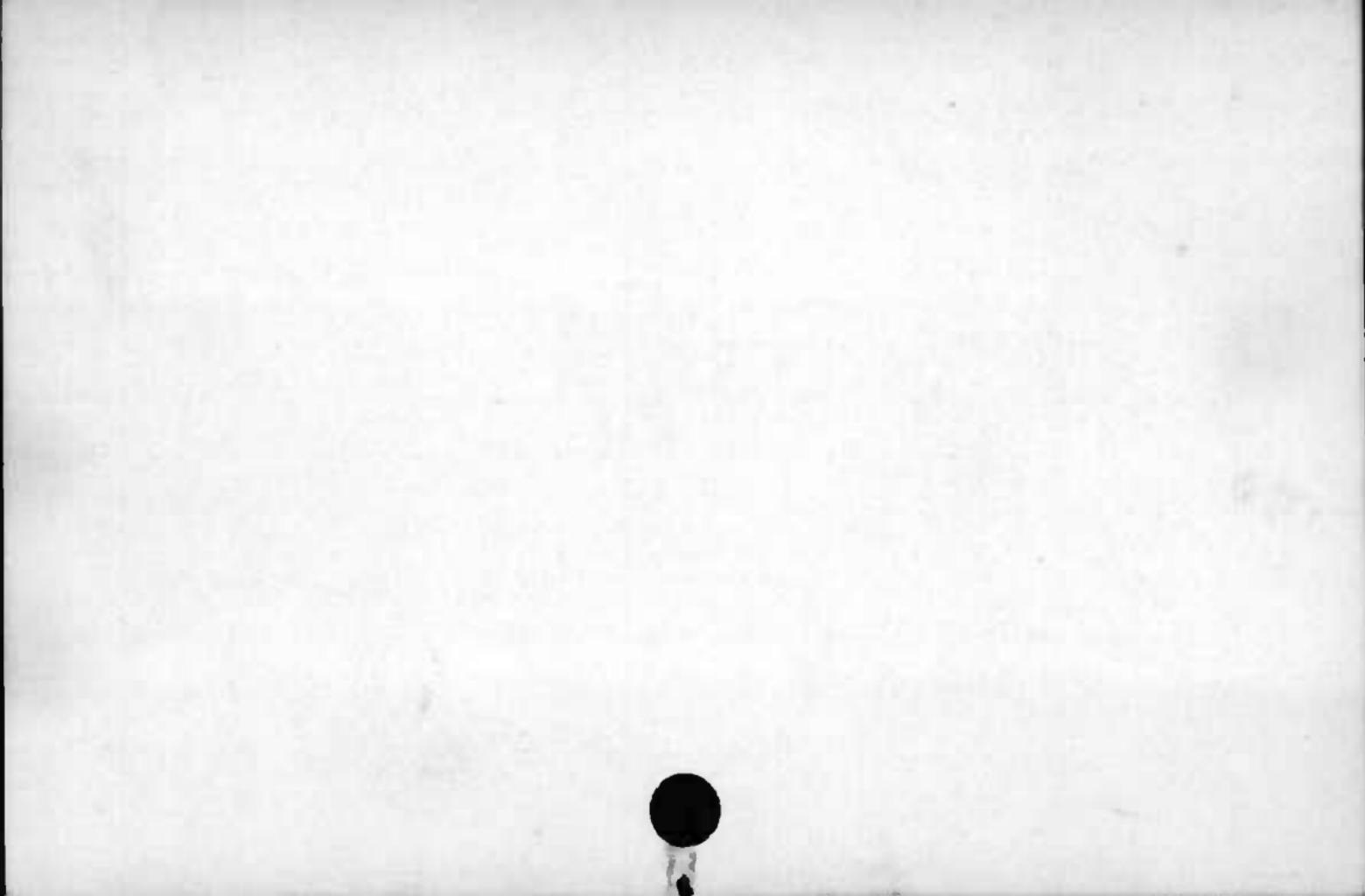
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. B. Epperson
Gaithersburg
Md

Accident or Suicide?



Name
in
Full

Herbert S. Ogle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1906	Month 3	Day 2	Years 21	Months -	Days -	
Sex	Male	Color or Race	white	Birth-place	DC		
Occupation	Where Residing if not at place of death		Same				
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Don't Know		Father's Birthplace				
Mother's Maiden Name	-		Mother's Birthplace				
Name of person giving Information	W		How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long
Immediate	Exhaustion		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

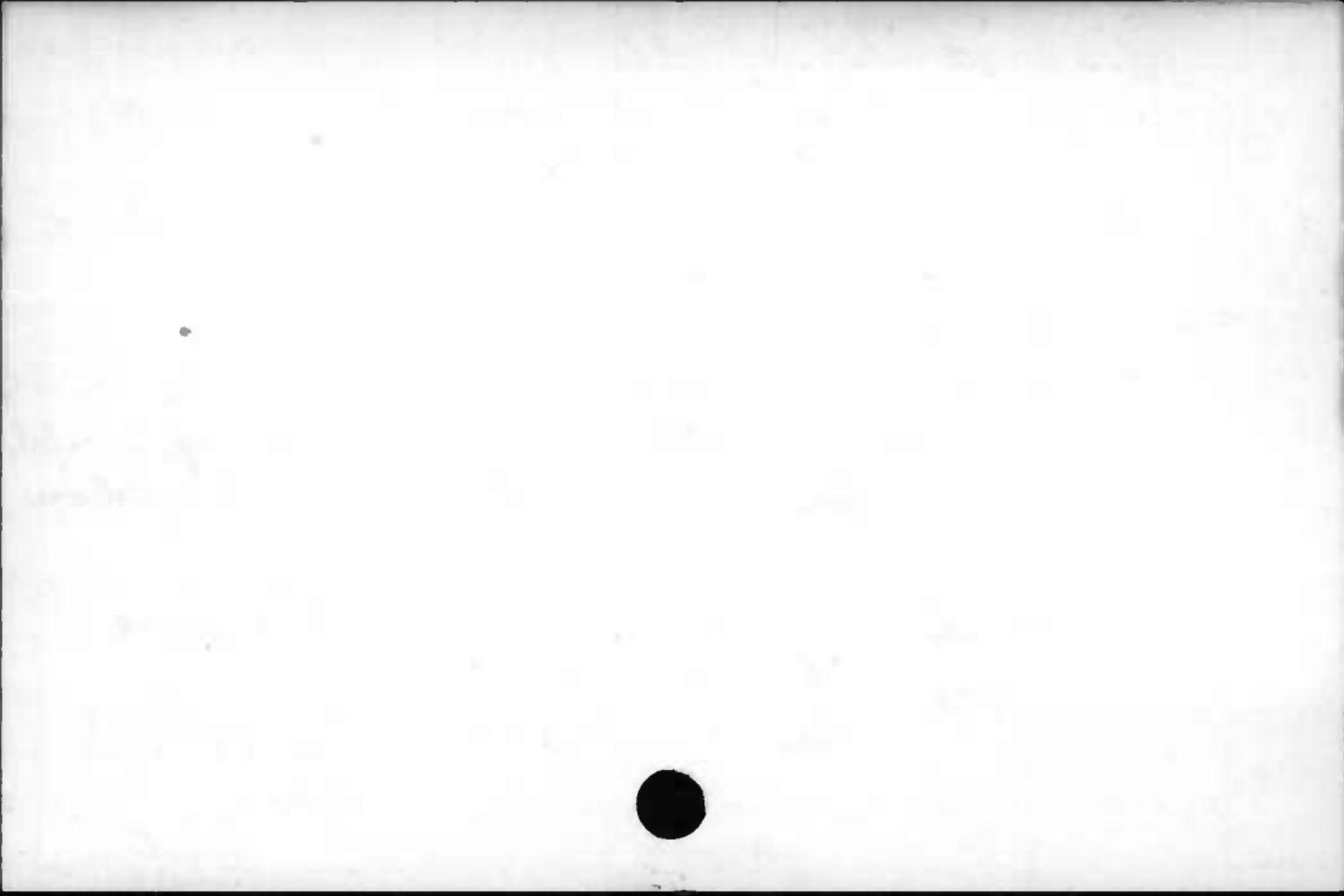
Address

Dr. R. O'Donnoghue
Washington D.C.

Some Cough

Accident or Suicide?

W. L. D. H. O.



Margaret Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	March	19	53	—	—	
Sex	Female	Color or Race	Colored	Birth-place	Maryland	
Occupation	Housewife		Where Residing if not at place of death	Montgomery		
Married, Single or Widowed	Married	Name or Wife or Husband	Margaret Scott			
Father's Name	William Johnson		Father's Birthplace	Montgomery		
Mother's Maiden Name	Charlotte Butler		Mother's Birthplace	Montgomery		
Name of person giving Information	Milton Holland		How related to deceased	No relation		

CAUSES OF DEATH

Primary Bright's Disease (20) How long about 8 years
 Immediate Drowsiness and Drowsiness How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

John. Farquhar.

Address

Olivey.

Med.

Accident or Suicide?



Viney Scott

Town

Beane

County

Montgomery

MARYLAND

Died at

1906

Month

3

Day

12

Y.

3

M.

D.

Native of

Md.

Occupation

Date 189

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

✓

Wife

Father's

Name

Isaac Scott

Mother's

Name

Viney Scott

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
In
Full

Charlotte Snowden

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month 3	Day 1	Years 39	Months	Days
Sex	Female	Color or Race	Colored		Birth-place	On J. Middle Brook
Occupation	servant	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	—		Father's Birthplace	Do not know
Father's Name	don't know		—		Mother's Birthplace	Do not know
Mother's Maiden Name	" "		—		How related to deceased	Done
Name of person giving information	albert warfield		—			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

~~Tuberculosis~~ (2)

How long

3 years

Immediate

~~Exhaustion~~

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

YES

Signature of Physician

Address

Eq. 6 Exchange
Main Street
Martinsburg
W. Va.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Clara Sudeodee

CERTIFICATE OF DEATH

Died at <u>Poplarville</u>		County <u>Montgomery</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>March</u>	Day <u>5</u>	Years <u>20</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Negro</u>	Birth-place <u>Beallsville Md</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>George Sudeodee</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Fannie Dorsey</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>George W Dorsey</u>	How related to deceased <u>Uncle</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption

(2)

How long

23 years

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

R. H. Gott sub-reg
Poplarville
Md

Accident or Suicide?



Name

in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

May Storm

Sepeca

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Month

Day

Years

Months

Days

Date

of death

190

6

Month

3

9

Day

15

Years

23

Age

Sex

Female

Color or
Race

White

Birth-
place

Frederick Co.

Occupation

(Housewife)

Where Residing if not

at place of death

Married Single

or Widowed

Name of Wife or

Husband

Father's
Name

John H. Storm

Father's
BirthplaceMother's
Maiden NameName of person giving
Information

Physician

(27)

Mother's
BirthplaceHow related
to deceased

CAUSES OF DEATH

Primary

Pulmonary tuberculosis

How long

3 yrs.

Immediate

Asthma

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

W. P. House
Dawsonville, Md.

Accident or Suicide?



Name
in
Full

Horatio Thompson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County	MARYLAND		
Date of death 1906	Month	Day	Montgomery	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Montgomery Co. Md.	
Married, Single or Widowed	Occupation		Married Carpenter			
Name of Wife or Husband	Eveline Thompson					
Father's Name	Horace Thompson		Father's Birthplace	Montgomery Co. Md.		
Mother's Maiden Name	Julia Ann Henry		Mother's Birthplace			
Name of person giving information	Lucy Lincoln Leyear		How related to deceased	Cousin		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Aphoplexy.
Asphyxia

61

How long

6 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

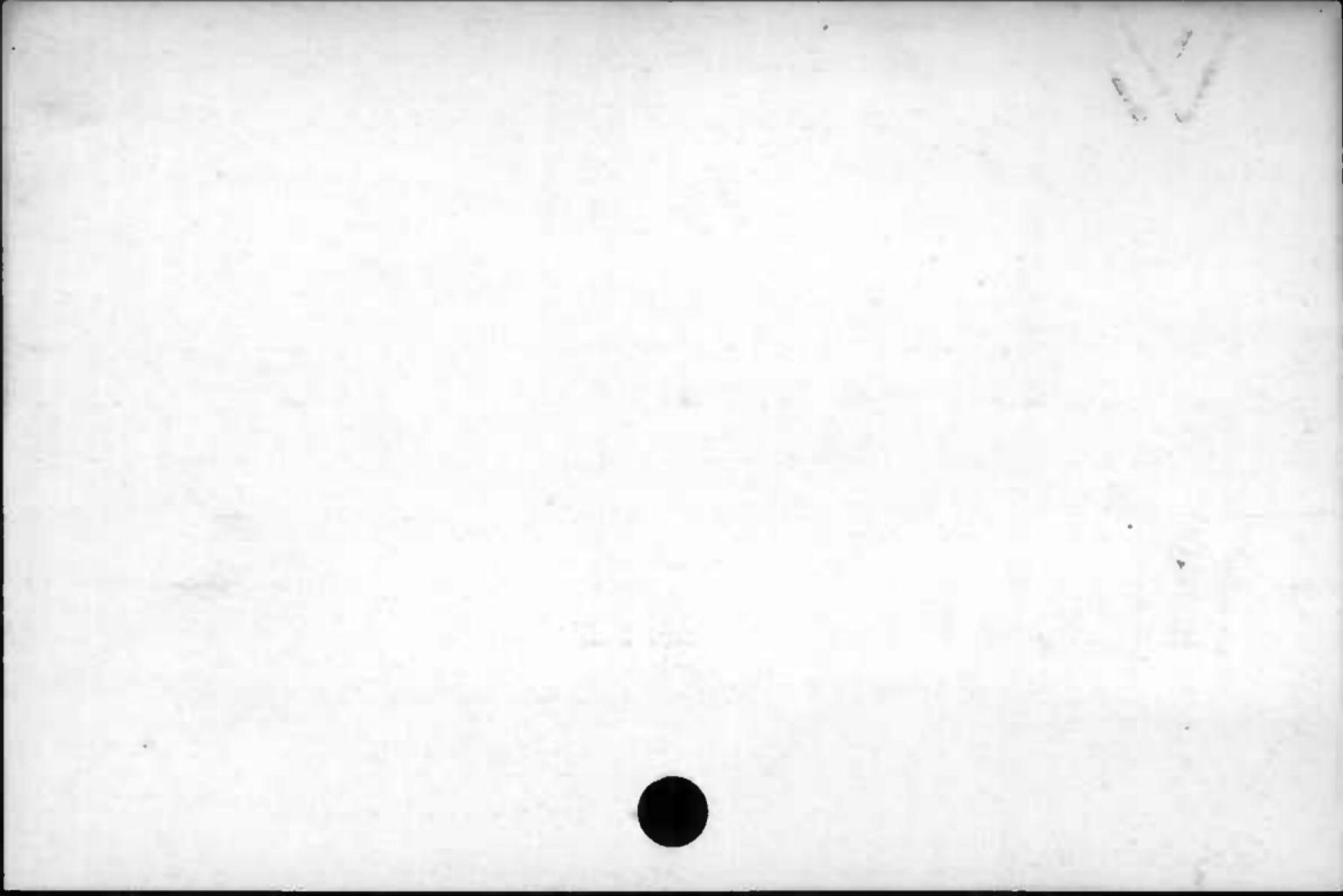
Yes

Signature of
Physician

Address

Chas. Farquhar
Olney.
Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Mary Jane Thompson				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
1906	3	8	85	10	8		
Sex	Female	Color or Race	white	Birth-place	Find.		
Occupation	None	Where Residing if not at place of death	Gaithersburg				
Married, Single or Widowed	Single	Name of Wife or Husband	No Husband	Father's Birthplace	Find.		
Father's Name	Oden Thompson			Mother's Birthplace	"		
Mother's Maiden Name	Eliza "		21	How related to deceased	None		
Name of person giving information	Mrs. Kate Day						

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Hyperglycrosis

Primary

How long

3 Weeks

Immediate

How long

3 feet

Are the name, age, sex, color, date and place correctly given above?

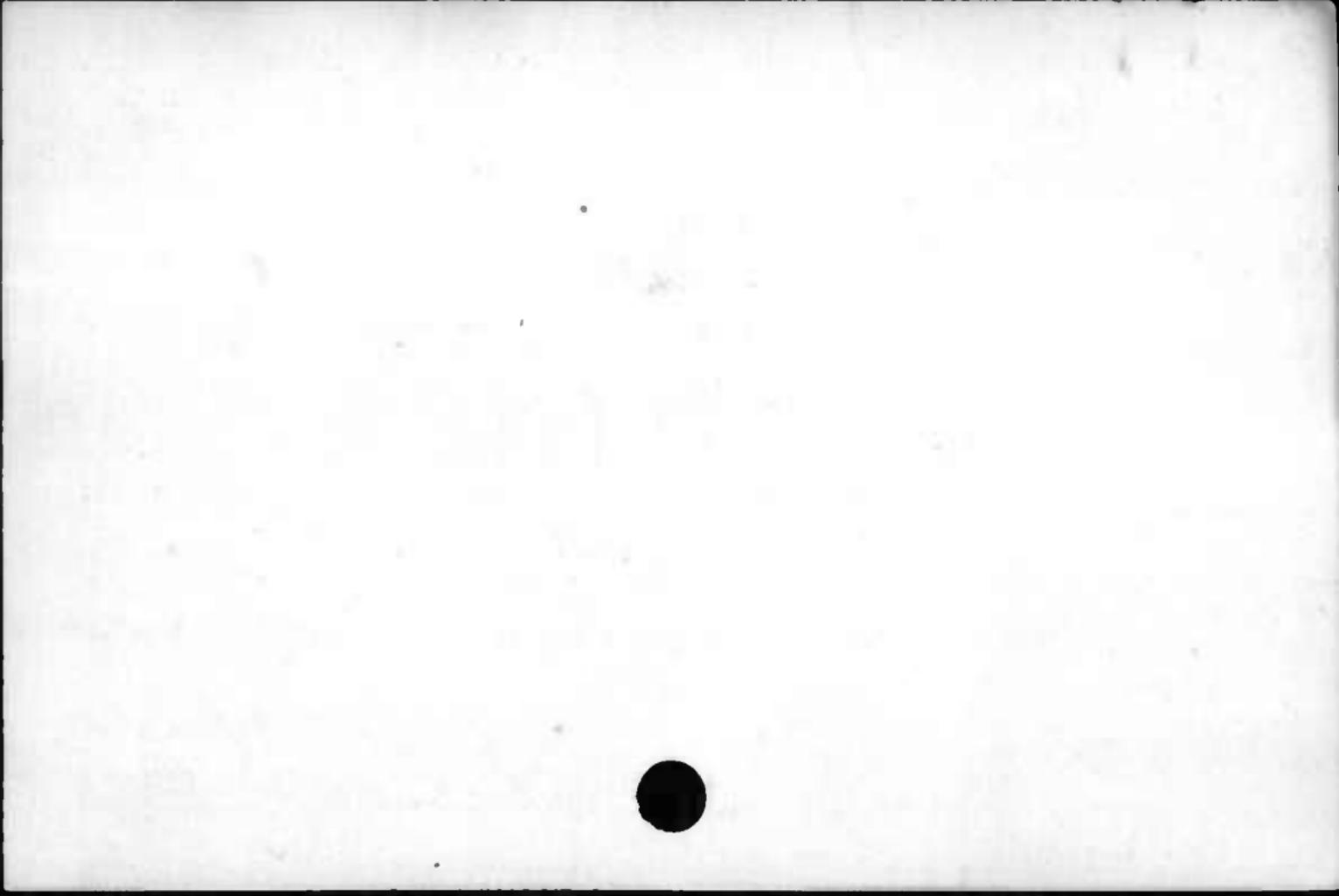
Yes

Signature of Physician

Address

Ex 6, Extension
Gaithersburg
Md

Accident or Suicide?



Name
in
Full

Mary Jane Thompson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Guthrie	Henry	Months	Days	
Date of death	1906	Month	8	Years	85
Age	85	Color or Race	White	Birth-place	Ida
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Oden Thompson				
Mother's Maiden Name	Eliza				
Name of person giving Information	Miss Kate Day.				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

129

How long

3 days

Immediate

How long

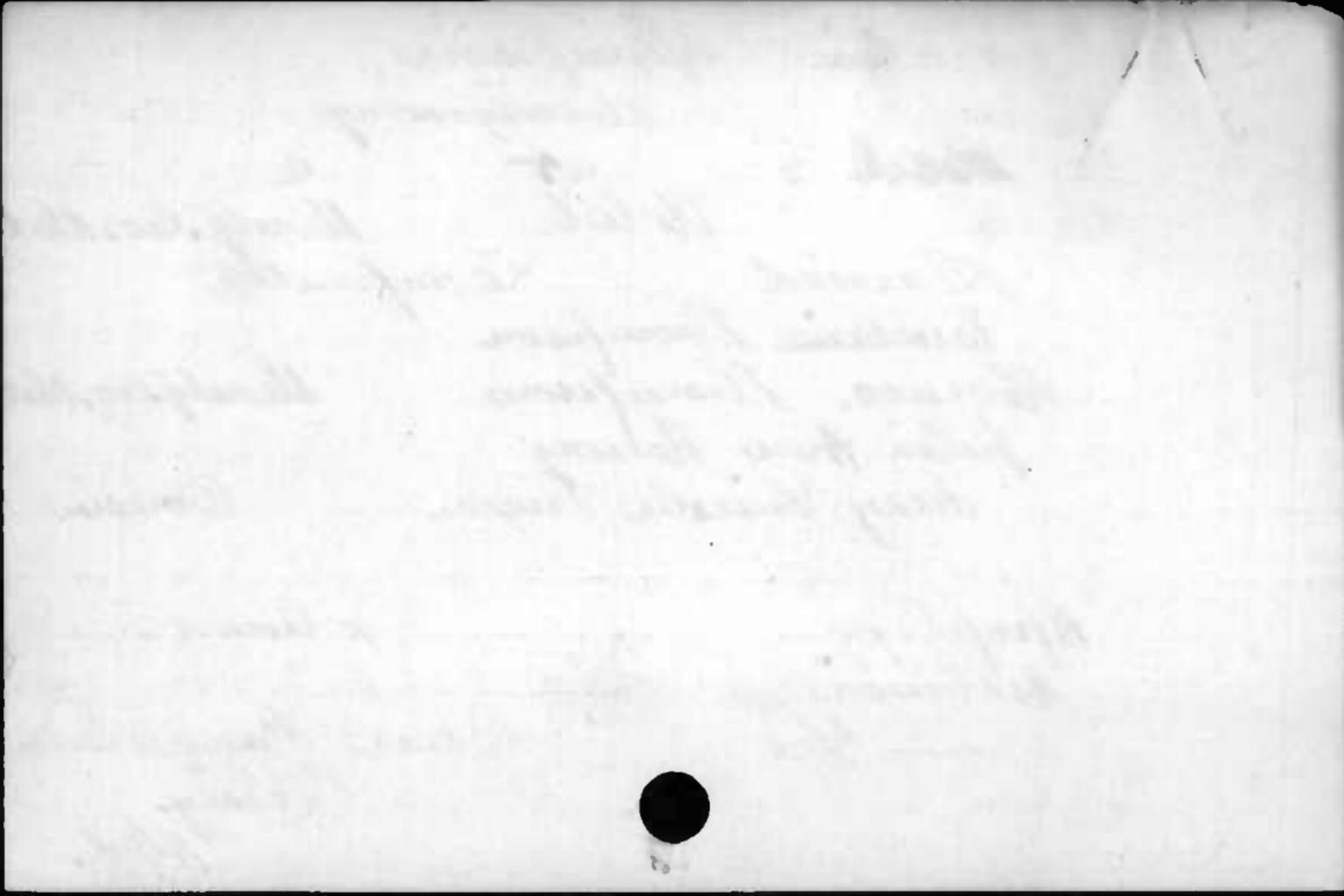
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. G. Chapman
Fairfax
Va.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Louise Tyler

CERTIFICATE OF DEATH

MARYLAND

Died at Emory Grove Town County
Date of death 1906 Month Day Years
1906 3 17

Montgomery Co.

Months Days
6 "

Sex Female Color or Race Colored Birth-place 3rd
Occupation

Where Residing If not
at place of death

Emory Grove

Married, Single or Widowed
Name of Wife or Husband

Father's Name
Don't know

Father's Birthplace
Don't know

Mother's Maiden Name

Blanch Tyler

Mother's Birthplace
Emory Grove

Name of person giving
Information

Basel Taylor

How related
to deceased
Cousin

CAUSES OF DEATH

Primary

Tuberculosis

27

How long

Six months

Immediate

Exhaustion

3rd month

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Ed. O. Johnson
Epidi. Dispensary
Mt. Pleasant

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Souise Tyler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Emory Grove		County	Montgomery Co	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	1	6
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Don't Know				
Mother's Maiden Name	Blanche Tyler				
Name of person giving information	Basel Taylor				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary 179 How long

Immediate How long

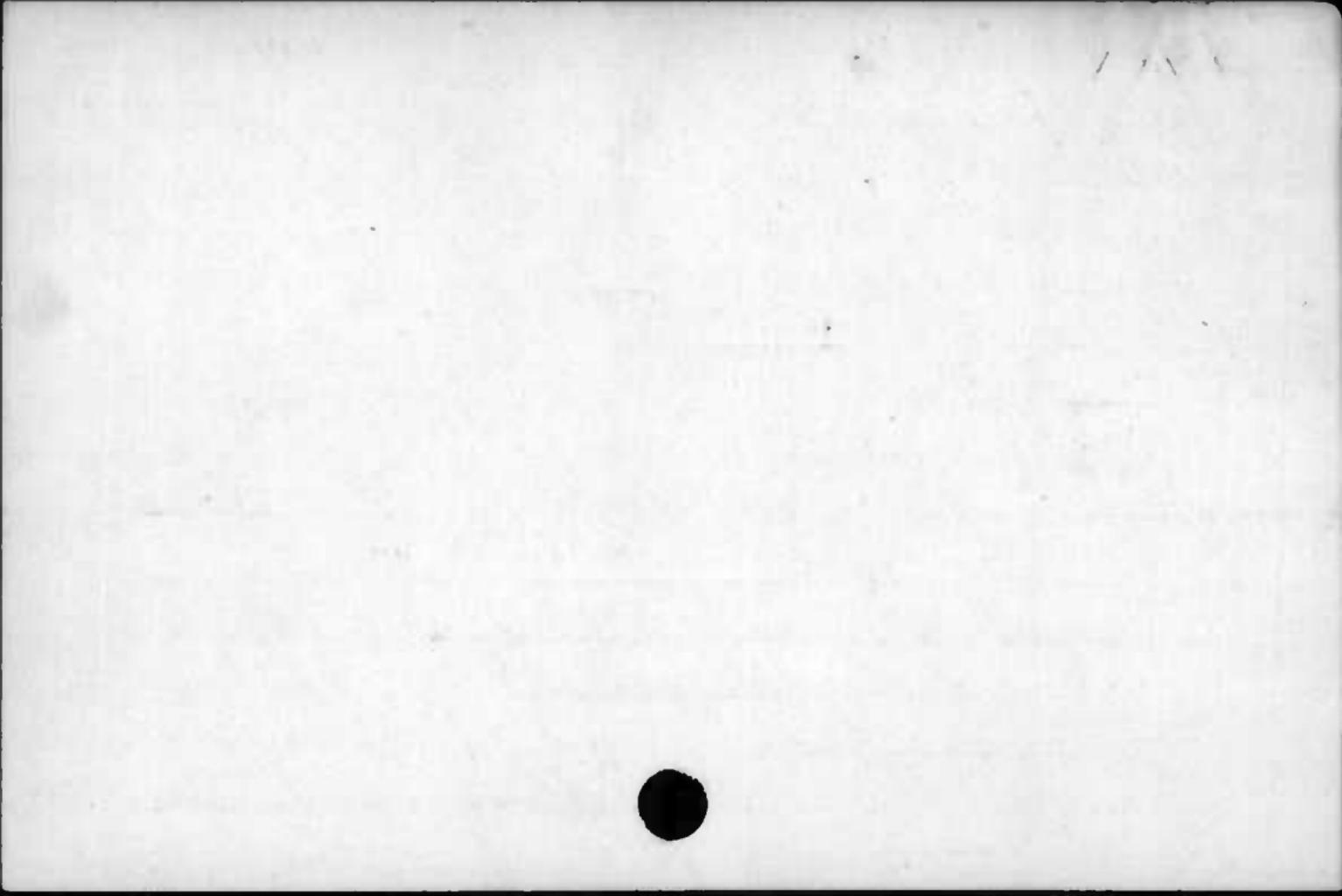
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. F. Epperson
Fairfax, Virginia
MD

Accident or Suicide?



Name
in
Full

Mrs Elizabeth Caroline Wolla

CERTIFICATE OF DEATH

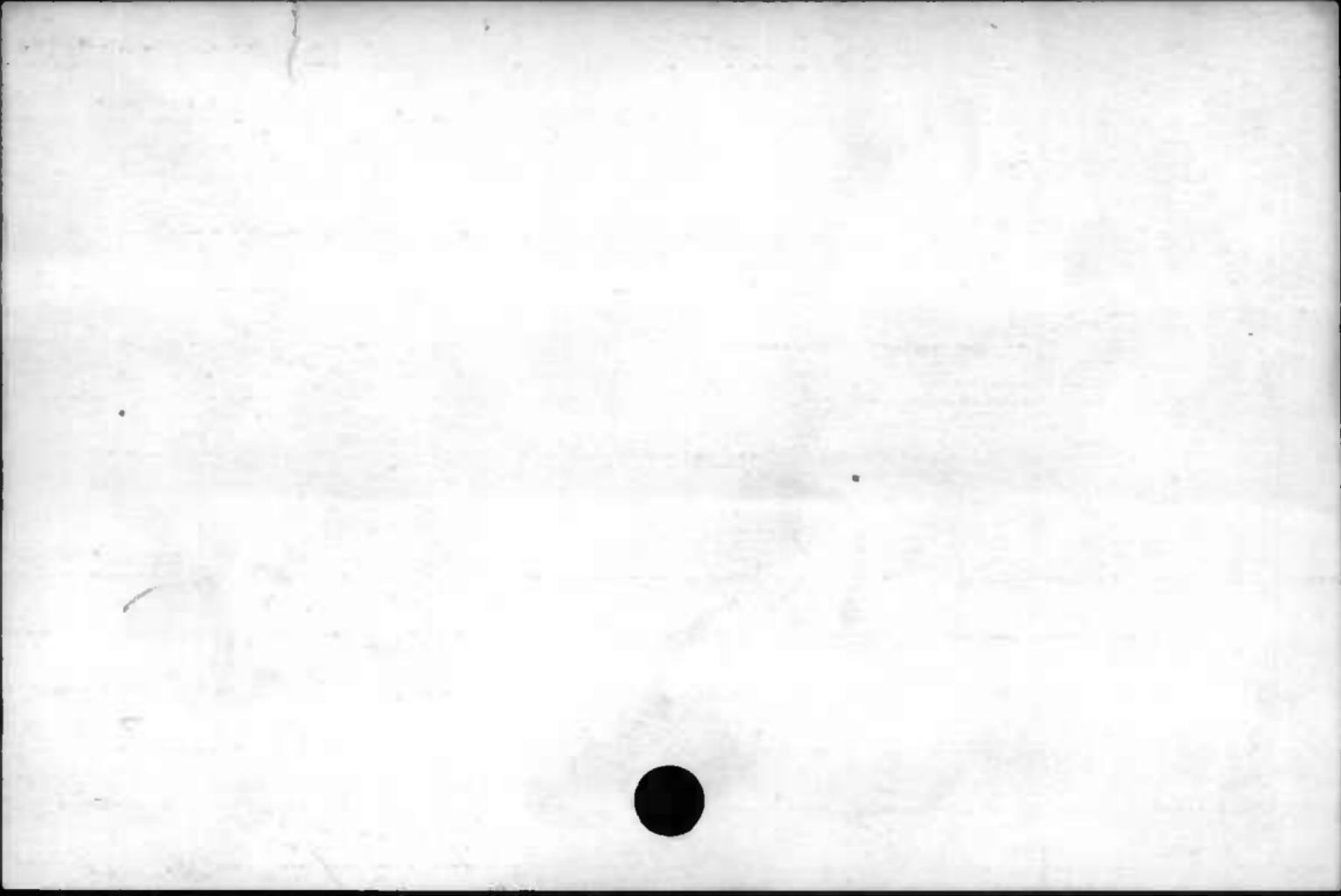
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cherry Chase</u>		Town	Montgomery		County	MARYLAND	
Date of death	1906 March 28	Month	Day	Years	Months	Days	
Sex	<u>Female</u>	Color or Race	<u>White</u>		Birth-place	<u>Bethlehem Pa</u>	
Occupation	—		Where Residing if not at place of death				
Married, Single or Widowed	—		Name of Wife or Husband				
Father's Name	—		Father's Birthplace <u>Pa</u>				
Mother's Maiden Name	—		Mother's Birthplace <u>Va</u>				
Name of person giving information	—		How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Fibroid Phthisis</u>	How long
Immediate	<u>Asthma</u>	How long <u>17 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>signed by C. Morrison Howard M.D.</u>
		Address <u>1936 Calverton H.C. West. D.C.</u>
Accident or Suicide?		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1906	Month March	Day 12	Years 50	Months 6	Days 12	
Sex	Male	Color or Race	White	Birth-place Washington			
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Dennie Warfield		Father's Birthplace	German town	
Father's Name	Edwin Warfield				Mother's Birthplace	Rockville	
Mother's Maiden Name	Sarah Darby				How related to deceased	Wife	
Name of person giving information	Dennie Warfield						

CAUSES OF DEATH

Primary

Gastric Catarrh (100)

How long

12 mos.

Immediate

Duodenal Ulcer.

How long

1 mos.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

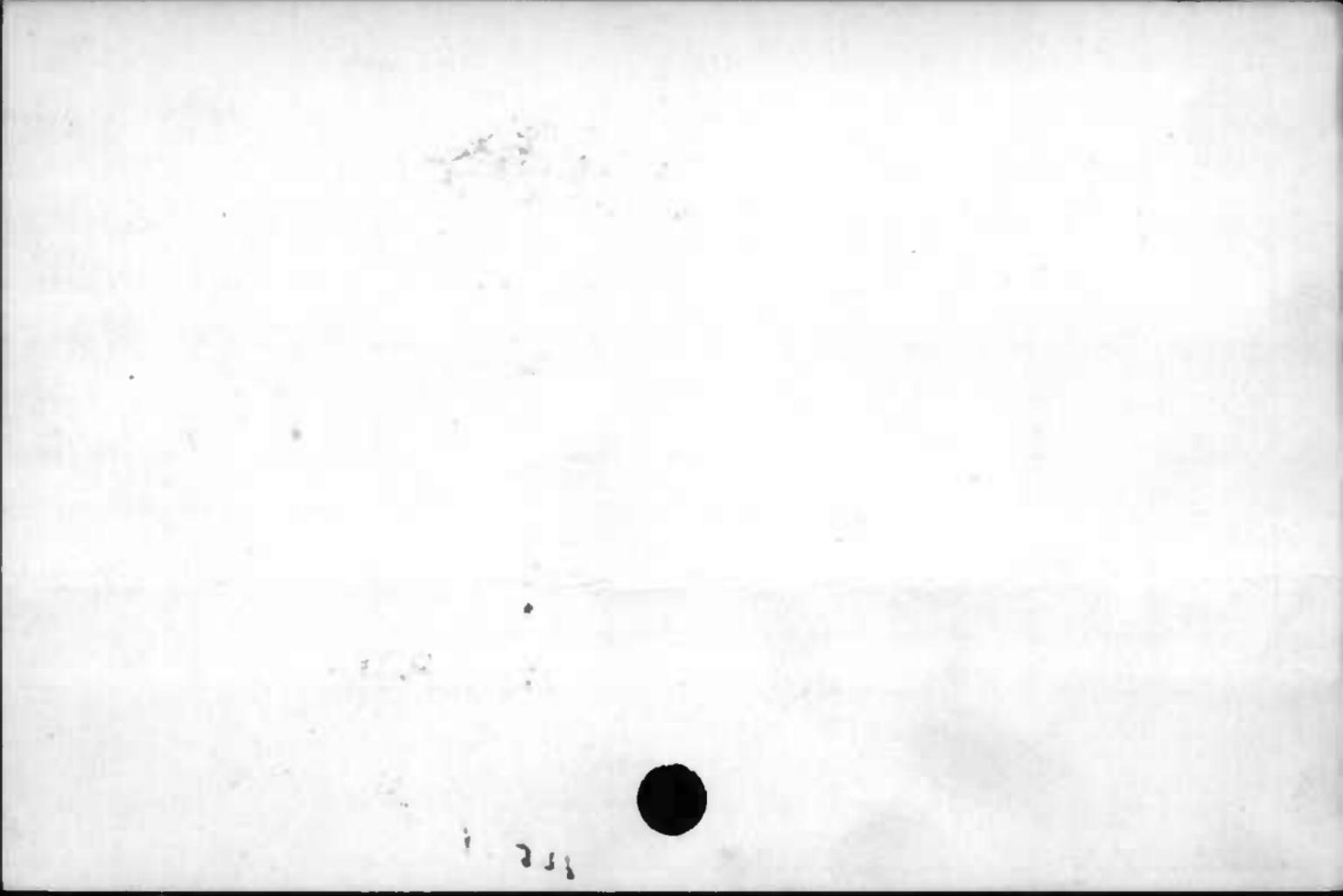
Signature of Physician

J. W. Simmers

Address

German town Md.

Accident or Suicide?



Name
in
Full

Killa Warren

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Martinsburg</u> Town		County <u>Montgomery</u>		MARYLAND	
Date of death <u>1906 March</u>	Month <u>March</u>	Day <u>5</u>	Age <u>Years</u>	Months <u>8</u>	Days
Sex <u>Female</u>	Color or Race <u>Negro</u>	Birth-place <u>Md</u>			
Occupation	Where Residing if not at place of death <u>Md</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Nathan Warren</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Mira Brooks</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Nathan Warren</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Deep Cold  How long One week

Immediate

Are the name, age, sex, color, date and place correctly given above?

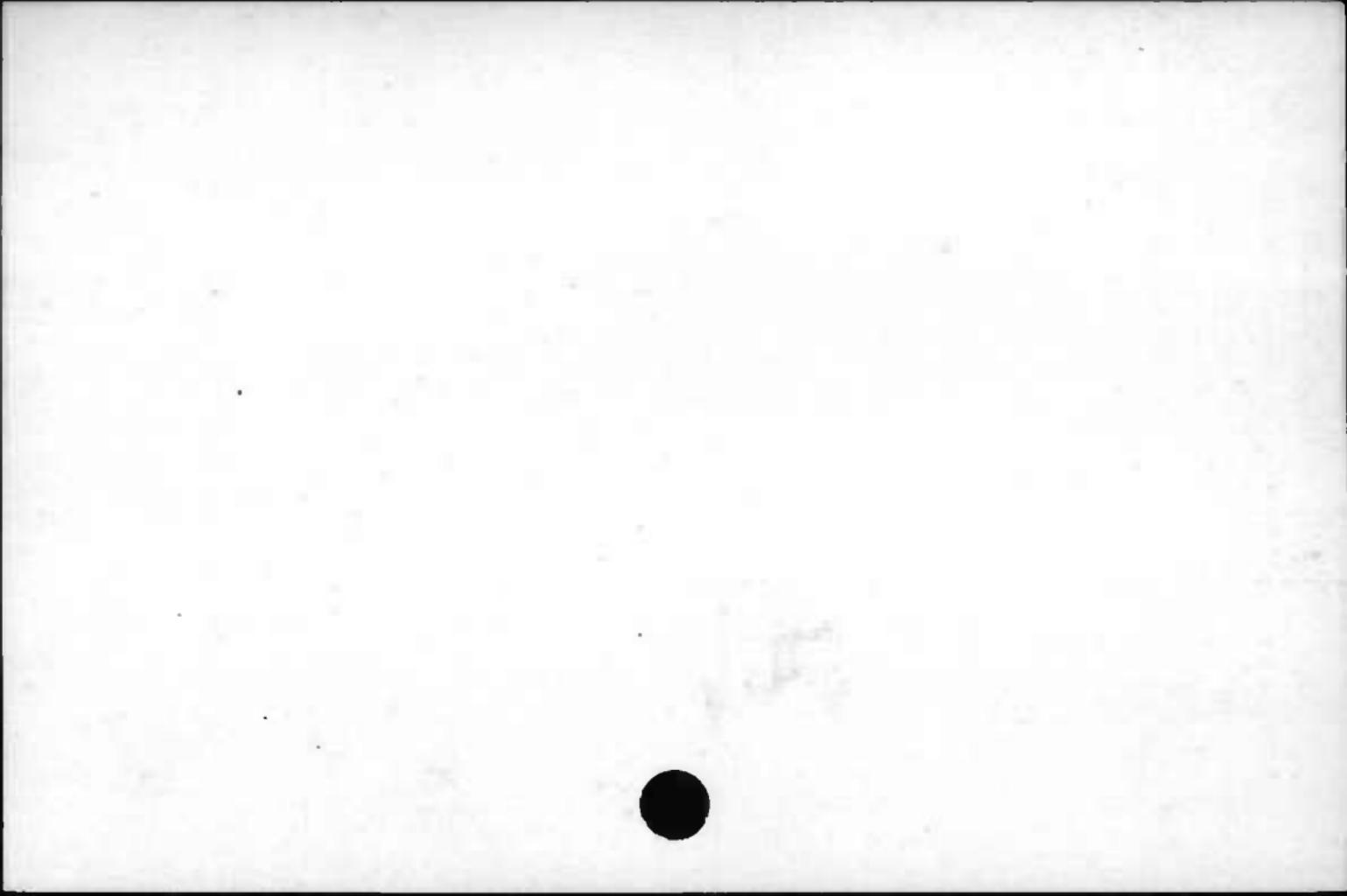
yes

Signature of Physician

Address

R. D. Scott Sub Reg
Podlesville
Md

Accident or Suicide?



Name
in
Full

Fannie White

CERTIFICATE OF DEATH

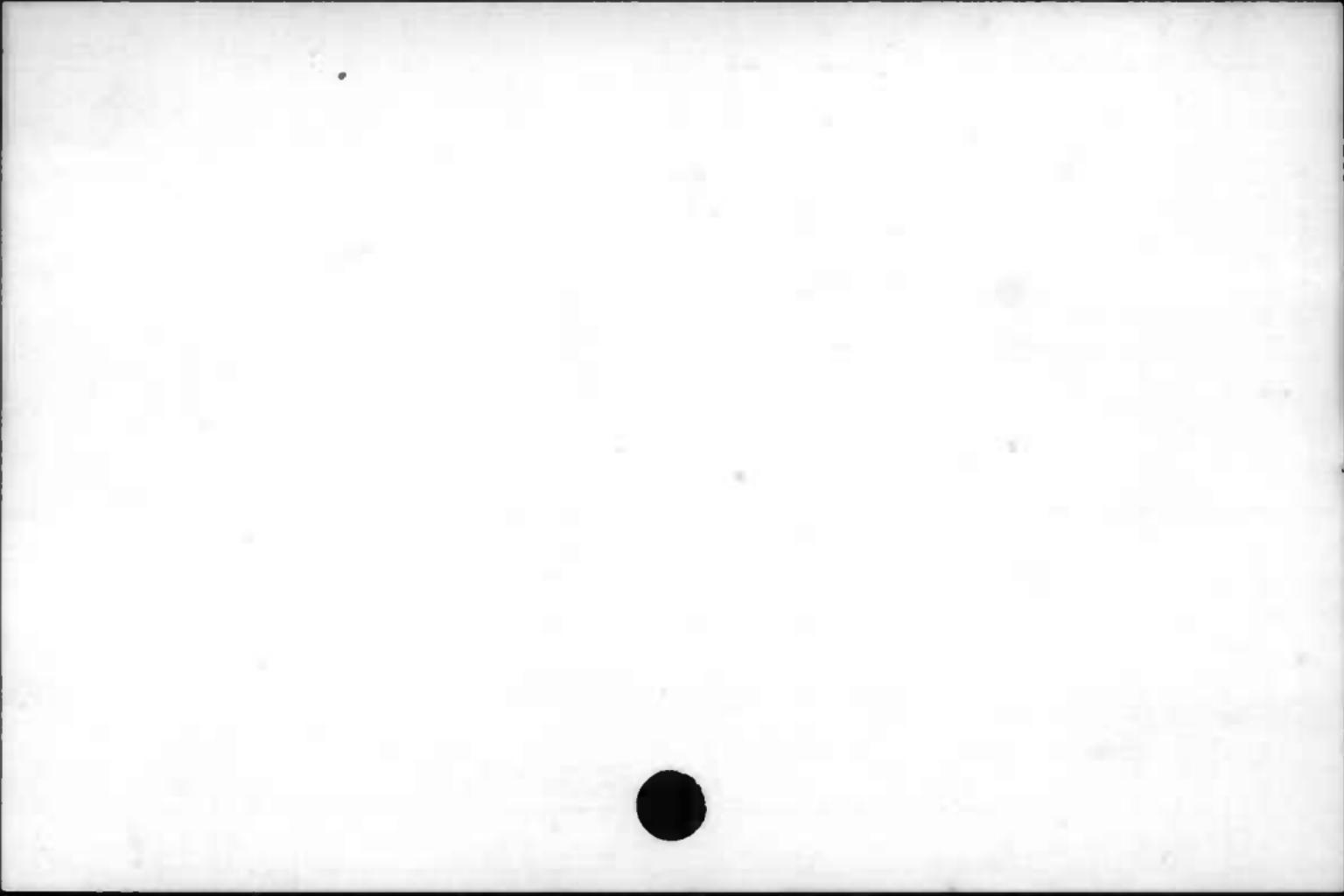
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
Sex	Color or Race		Place		Birth-place	
Occupation	Where Residing if not at place of death			✓		
Married, Single or Widowed	Name of Wife or Husband		Linda White		✓	
Father's Name	Don't Know			Father's Birthplace		✓
Mother's Maiden Name	Don't Know			Mother's Birthplace		✓
Name of person giving information	Jno. Broadway			How related to deceased		None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Organic dis of heart		How long	some time
Immediate	Apoply		How long	few min.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. L. Lewis M.D.	
		Address	Washington, D.C.	
Accident or Suicide?	✓			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

				CERTIFICATE OF DEATH			
Died at		Town	County		MARYLAND		
Date of death	Month	Day	Year	Months		Hours	
Sex	Color or Race	Age	Birthplace				
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Father's Birthplace			Rodlesville			
Mother's Maiden Name	Mother's Birthplace			Md.			
Name of person giving information	How related to deceased			Physician			

White
Postleville
Montgomery
March 8
1906
Female
White
Postleville
Postleville
Single
Harvey J White
Idd Dawson
B R Walling
51
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Extreme exhaustion	How long	8 hours
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	R. B. Gott sub-reg	
gce	Address	Postleville Md	
Accident or Suicide?			

